


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90008 041 \*\*\*\*61.25

<b>DOCUMENT # 754438</b> 1. Entity Name <b>FORREST PARK CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business 5620 HOLLOW OAK ROAD ORLANDO, FL 32808-3414 US			Mailing Address 5620 HOLLOW OAK ROAD ORLANDO, FL 32808-3414 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2358831</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>COLE, BRANDY</b> <b>5620 HOLLOW OAK RD.</b> <b>PANAMA CITY, FL 32408-3414</b>				7. Name and Address of New Registered Agent Name <b>COLE, BRANDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5620 HOLLOW OAK RD.</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32808-3414</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Brandy Cole</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>May 18-04</u>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUNIOR, SIMONE 5518 WESTBURY DRIVE ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID GERKEN 2712 GREENFIELD AVE. ORLANDO FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MARJORIE 5500 PAINTED OAK COURT ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINNIE GERKEN 2712 GREENFIELD AVE ORLANDO FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARTIN, RITA 5507 VALLEY OAK RD. ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARJORIE MILLER 5500 PAINTED OAK CT ORLANDO FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, PATRICIA 2918 NORTH CASTLE OAK ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDROP, SHARON 2942 N. CASTLE OAK DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, BRANDY 5620 HOLLOW OAK ROAD ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brandy Cole</u> Date <u>May 18-04</u> Daytime Phone # <u>407 2968694</u>					