2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 1/15505 D HANCS A-D-

| DOCU<br>1. Entity Nam                                                                                                                                                                                                                                                                                                                                                                           | MENT # 761264                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Apr 28, 2004 08:00 AM<br>Secretary of State             |                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                          |                                                        |                                                          |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|
| ,                                                                                                                                                                                                                                                                                                                                                                                               | WITH GOD AND CHRIST,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INC.                                                    |                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                          | •/ -                                                   |                                                          |                                                   |
| Principal Plac                                                                                                                                                                                                                                                                                                                                                                                  | ce of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mailing Address                                         |                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 1                                        |                                                        |                                                          |                                                   |
| 7507 - NW 181ST TER                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7507 - NW 181ST TEI                                     | 7507 - NW 181ST TER                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                          |                                                        |                                                          |                                                   |
| ALACHUA 9                                                                                                                                                                                                                                                                                                                                                                                       | FL 32615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ALACHUA FL 32615                                        |                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                          | MANNE ANNO ANNO MANTE MANTE MA                         | II                   | 775Wi Wi iww                                      |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Mailing Address                                      |                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                          |                                                        |                                                          |                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suite, Apt. #, etc.                                     |                                                                                                                                                                                                                                                                                                                                           | MOORE CR2E037 (11/03)                                                                                         |                                          |                                                        |                                                          |                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City & State                                            |                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 4. FEI Number 5                          | 9-2958838                                              | <del></del>                                              | oplied For<br>ot Applicable                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                             | Gountry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip                                                     | Coun                                                                                                                                                                                                                                                                                                                                      | stry                                                                                                          | 5. Certificate of Sta                    | atus Desired 🔲                                         | \$8.75 Add<br>Fee Require                                |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                 | 6. Name and Address of Curre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt Registered Agent                                     |                                                                                                                                                                                                                                                                                                                                           | Na                                                                                                            | 7. Name and Add                          | ess of New Registers                                   | ed Agent                                                 |                                                   |
| HA)                                                                                                                                                                                                                                                                                                                                                                                             | YES, ULYSSES D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | -                                                                                                                                                                                                                                                                                                                                         | Name<br>Street Address                                                                                        | P.O. Box Number is t                     | fot Acceptable)                                        |                                                          | <u> </u>                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                 | 7 N.W. 181 ST TERR<br>ACHUA FL 32615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | -                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                          |                                                        |                                                          | : <del>: : : : : : : : : : : : : : : : : : </del> |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                                                                                                                                                                                                           | City                                                                                                          | <del></del>                              | F                                                      | Zıp Cod                                                  | e                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                 | a named entity submits this statement tions of registered agent,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | for the purpose of changing its                         | s registered                                                                                                                                                                                                                                                                                                                              | d office or registe                                                                                           | red agent, or both, in                   | the State of Florida. 1 a                              | am familiar with,                                        | and accept                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | _ · ·                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                          |                                                        | :                                                        |                                                   |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                     | Signature, typed or printed name of registered age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ent and title if applicable. (NOT                       | E Registered                                                                                                                                                                                                                                                                                                                              | Agent signature require                                                                                       | d when reinstaling)                      | , DAT                                                  | E                                                        |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 1                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | <del></del>                              |                                                        |                                                          | ***************************************           |
|                                                                                                                                                                                                                                                                                                                                                                                                 | FILE NOW: FEE IS \$61.25<br>Due By May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9. Election Car<br>Trust Fund (                         |                                                                                                                                                                                                                                                                                                                                           | ~ —                                                                                                           | \$5.00 May Be<br>Added to Fees           |                                                        | eck Payable<br>partment of \$                            |                                                   |
| 10.                                                                                                                                                                                                                                                                                                                                                                                             | OFFICERS AND I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Trust Fund (                                            | Contribution                                                                                                                                                                                                                                                                                                                              | nn. 🔲                                                                                                         | Added to Fees                            |                                                        | DIRECTORS IN                                             | State<br>110                                      |
| <b>10.</b><br>กณะ                                                                                                                                                                                                                                                                                                                                                                               | Due By May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Trust Fund (                                            | Contributio                                                                                                                                                                                                                                                                                                                               | nn. 🔲                                                                                                         | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN                                             | State                                             |
| 10.                                                                                                                                                                                                                                                                                                                                                                                             | OFFICERS AND E OFFICERS AND E HAYES, DOURTHY 7507 NW 181 ST TER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trust Fund (                                            | Contribution  11.  ITTLE  NAME                                                                                                                                                                                                                                                                                                            | nn. 🔲                                                                                                         | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN                                             | State<br>110                                      |
| 10.<br>TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                            | OFFICERS AND B<br>SD<br>HAYES, DOURTHY<br>7507 NW 181 ST TER<br>ALACHUA FL 32615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Trust Fund (  DIRECTORS  Delete                         | Contribution  11.  ITTLE  NAME                                                                                                                                                                                                                                                                                                            | T ADDRESS                                                                                                     | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change                                      | State<br>170<br>Addition                          |
| TO.  TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                 | OFFICERS AND E OFFICERS AND E HAYES, DOURTHY 7507 NW 181 ST TER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trust Fund (                                            | Contribution  11.  ITLE  NAME  STREET  CITY-S  ITLE                                                                                                                                                                                                                                                                                       | T ADDRESS                                                                                                     | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN                                             | State<br>110                                      |
| TO.  TITLE  NAME  STREET ADDRESS CHY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                     | OFFICERS AND E  SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trust Fund (  DIRECTORS  Delete                         | Contribution 11. ITTLE NAME STREET CRY-S ITTLE NAME                                                                                                                                                                                                                                                                                       | T ADDRESS                                                                                                     | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change                                      | State<br>170<br>Addition                          |
| TO.  FIRE NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME                                                                                                                                                                                                                                                                                                                                             | OFFICERS AND BENEFICERS AND BENEFICE | Trust Fund (  DIRECTORS  Delete                         | Contribution 11. ITTLE NAME STREET CRY-S ITTLE NAME                                                                                                                                                                                                                                                                                       | F ADDRESS ST-ZIP                                                                                              | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change                                      | State<br>170<br>Addition                          |
| TO.  FIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                           | Due By May 1, 2004  OFFICERS AND 6  SD  HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615  PD  HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615  VD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Trust Fund (  DIRECTORS  Delete                         | TIT.  TITLE  NAME  STREET  CITY-S  DITLE  NAME  STREET  CITY-S  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE                                                                                                                                                                                                             | F ADDRESS ST-ZIP                                                                                              | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change                                      | State<br>170<br>Addition                          |
| TO.  FIRE NAME STRET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME                                                                                                                                                                                                                                                                                                   | Due By May 1, 2004  OFFICERS AND 6  SD  HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615  PD  HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615  VD  HAYES, LUTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Trust Fund (                                            | TIT.  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  NAME                                                                                                                                                                                                                                                         | F ADDRESS ST-ZIP  F ADDRESS ST-ZIP                                                                            | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change                                      | State  O Addition  Addition                       |
| TO.  FIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                           | Due By May 1, 2004  OFFICERS AND 6  SD  HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615  PD  HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615  VD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Trust Fund (                                            | TIT.  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  NAME                                                                                                                                                                                                                                                         | F ADDRESS ST-ZIP F ADDRESS ST-ZIP                                                                             | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change                                      | State  O Addition  Addition                       |
| TO.  FIRE NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                            | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete                                        | TITLE NAME STREET CRY-S TITLE NAME STREET CRY-S TITLE NAME STREET NAME STREET NAME STREET                                                                                                                                                                                                                                                 | F ADDRESS ST-ZIP F ADDRESS ST-ZIP                                                                             | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  Change  Change  Change              | State  O Addition  Addition                       |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                    | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Trust Fund (                                            | TITLE NAME STREET CITY-S DITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S CITY-S CITY-S                                                                                                                                                                                                                                           | F ADDRESS ST-ZIP F ADDRESS ST-ZIP                                                                             | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change                                      | State  O Addition  Addition                       |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                          | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete                                        | TIT.  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET                                                                                                                  | F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS F ADDRESS F ADDRESS                              | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  Change  Change  Change              | Addition                                          |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete Delete Delete                          | TITLE NAME STREET CITY-S                                                                                                                                                                                     | F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS F ADDRESS F ADDRESS                              | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  Change  Change  Change              | Addition  Addition                                |
| TO.  TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                   | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete                                        | CONTRIBUTION  TITLE NAME STREET CITY-S  DITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET                                                                                                                                                               | F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS F ADDRESS F ADDRESS                              | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  Change  Change  Change              | State  O Addition  Addition                       |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete Delete Delete                          | TIT.  TITLE  NAME  STREET  CITY-S  TITLE  NAME                                                                                 | F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS F ADDRESS F ADDRESS                              | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  Change  Change  Change              | Addition  Addition                                |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                             | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete Delete Delete                          | TIT.  TITLE  NAME  STREET  CITY-S  TITLE  NAME                                                                                 | F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS FT-ZIP F ADDRESS                | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  Change  Change  Change              | Addition  Addition                                |
| TO.  TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                             | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete Delete Delete                          | CONTRIBUTION  IT.  ITRE NAME STREET CITY-S  ITRE NAME STREET ITRE NAME STREET                                                                                                       | F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS FT-ZIP F ADDRESS                | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  Change  Change  Change              | Addition  Addition                                |
| TO.  FIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                        | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete Delete Delete Delete                   | CONTRIBUTION  THE NAME STREET CITY-S  THE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET CITY-S                                                      | F ADDRESS ST-ZIP                          | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  24 61 25  Change  Change            | Addition  Addition  Addition                      |
| TO.  TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                             | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DIRECTORS Delete Delete Delete Delete                   | CONTRIBUTION  THE NAME STREET CITY-S  THE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET CITY-S                                                      | F ADDRESS ST-ZIP F ADDRESS F ADDRESS      | Added to Fees ADDITIONS/CHANGE           | Florida Dep                                            | DIRECTORS IN Change  24 61 25  Change  Change            | Addition  Addition  Addition                      |
| TO.  FIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND 6 SD HAYES, DOURTHY 7507 NW 181 ST TER ALACHUA FL 32615 PD HAYES, ULYSSES D 7507 N.W. 181 ST TERR ALACHUA FL 32615 VD HAYES, LUTHER 7507 NW 181 ST TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Trust Fund (  DIRECTORS  Delete  Delete  Delete  Delete | CONTRIBUTION  IT.  ITRE  NAME STREET CITY-S  ITRE  NAME STREET CITY-S | F ADDRESS ST-ZIP  Sption stated in Se | Added to Fees  ADDITIONS/CHANGE  U  U4/c | Florida Dep (STO OFFICERS AND 00000136211 8/04-80084-0 | DIRECTORS IN Change  24 & 1 . 25  Change  Change  Change | State    10                                       |

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