


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 761349	
1. Entity Name CENTRAL FLORIDA DEPRESSION ERA GLASS CLUB, INC.	

Principal Place of Business 853 S ORLANDO AVE WINTER PK, FL 32789 US	Mailing Address 853 S ORLANDO AVE WINTER PK, FL 32789 US
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-1882108	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERSHONE, SHERRIE 853 S ORLANDO AVE WINTER PK, FL 32789	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMID, VERNA 5718 ROCKING HORSE RD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURYE, NELSON J 3701 IBIS DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERSHONE, SHERRIE 853 S ORLANDO AVE WINTER PK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERSHONE, BARRY 853 S ORLANDO AVE WINTER PK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000121079
04/20/04-60035-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Sherrie Hershone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/16/04</u> <small>Date</small>	<u>407-644-8537</u> <small>Daytime Phone #</small>
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