## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jan 15, 2004 8:00 am **Secretary of State DOCUMENT #762282** 01-15-2004 90002 047 \*\*\*\*70 00 CGC BUILDING ASSOCIATION, INC. Principal Place of Business Mailing Address 401 3RD ST SW 401 3RD ST SW WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-2217214 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAYFORD, EUGENE E Street Address (P.O. Box Number is Not Acceptable) 5728 E. LAKE FOX DRIVE WINTER HAVEN, FL 33884 City Zip Code 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Poute Ernest Jr Delete TITLE NAME DILEO, FRANK NAME 4901 WILLOW Brook Cir STREET ADDRESS 2049 SAN MARCOS DR. S.E. APT 223 STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP CJTY - ST-7IP WINTER BANEN, FL 33980 TITLE TITLE ☐ Delete Change ■ Addition Choum NAME CLOUH, D.J. NAME STREET ADDRESS 180 LAGOON RD SE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP Gay Ford Eugone TITLE Delete TITLE Change Addition GAYFLORD, EUGENE NAME NAME STREET ADDRESS 5728 E-LAKE FOX DR STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL. 33884 CITY-ST-ZIP TITLE Delete TITLE Change **Addition** Johannsen John LOWERS, JOHN MAME NAME 413 FLagher Rd Winter Noun, FL 33884 STREET ADDRESS 200 AVENUE K. S.E., APT 479 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP ☐ Change **C**Addition THLE Delete TITLE Wagner Charles RL 160 Green Field RL Winter Hoven, FL CONTE, ERNEST JR NAME NAME 4901 WILLOWBROOK CIR STREET ADDRESS STREET ADDRESS 33884 CITY-ST-ZIP WINTER HAVEN, FL 33980 CITY-ST-ZIP Delete Addition TITLE TITI E KERWIN, JIM NAME NAME STREET ADDRESS 212 KING HILL CT. S.E. STREET ADDRESS Winter KAUEN CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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