


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 764607 1. Entity Name SOUTHEASTERN PROFESSIONAL STEWARDS ASSOCIATION, INC.	
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Principal Place of Business C/O ELIZABETH N PAGE 3965 RICHEY ROAD MIMS, FL 32754 US	Mailing Address PO BOX 802 C/O ELIZABETH N PAGE MIMS, FL 32754
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2379662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent JAMES, JOHN L. ROUTE 1, BOX 17808 HAVANNA, FL 32333	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 John L. James (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000181955 01/19/05-80009-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAGE, ELIZABETH 3965 RICHEY ROAD MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEIGH, PENNY ROUTE 17, BOX 28 HENDERSONVILLE, NC 28792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJORT, ANDY 9240 STYERS FERRY RD. CLEMMONS, NC 27012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD MULVEY, JAIMIE 24 LYNNSTONE COURT ASHEVILLE, NC 28805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PETERSON, BARBARA 18822 BOYSRANCH RD ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Jaimie Mulvey Jaimie Mulvey Date 1-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 828-288-7415