

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

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90006 031 ****80.00

DOCUMENT # 768822

1. Entity Name
SYSTEM COUNCIL U-4, BUILDING CORPORATION



Principal Place of Business

**3944 FLORIDA BLVD
STE 202
PALM BCH GARDENS, FL 33410 US**

Mailing Address

**3944 FLORIDA BLVD.
PALM BEACH GARDENS, FL 33410**

54004320



DO NOT WRITE IN THIS SPACE

01262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2302768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, BRIAN K
4272 S.W. BROOKSIDE DR
PALM CITY, FL 34990**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SNYDER, L.C.
16914 WATERLINE RD
BRADENTON, FL 34212**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BLACK, CARL
1314 16 ST., W
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RJ, BENNETT JR
2702 W CYPRESS AVE SE
FORT MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DICKINSON, JAY
RT. 1, BOX 780
ST. GEORGE, GA 31646**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CURTIS, R.D.
17475 HAMMOCK LANE
PORT SAINT LUCIE, FL 34987**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RA, MCMAHON
8006 LAKE LAND BLVD
FORT PIERCE, FL 34951**

**P.O. Box 540911
Lake Worth, FL
33454**

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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: CARL L. BLACK *Carl L. Black* **2/4/2004** **941-746 8190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

#768822

574004320

ADDITIONAL ADDRESSED

D

J. J. Farrlley
226 Odham St
Sanford, FL 32773

S

W. J. Crosson
1845 N. E. 214th St
Miami, Florida 33179

D

D. M. Lowe
842 Pine Shore Circle
New Smyrna Beach, FL 32168

D

D. A. Mattox
4300 N. W. 185th St
Miami, FL 33055

D

G. A. Skillas
1516 6th St
Deerfield Beach, FL 33441

D

G. S. Forbes
P. O. Box 243
San Mateo, FL 32187

D

L. T. Kyle
2021 Alexander Drive
Titusville, FL 32796