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

## Feb 03, 2004 8:00 am **Secretary of State DOCUMENT # 790710** 1. Entity Name 02-03-2004 90009 043 \*\*\*\*61.25 FLORIDA SANTA GERTRUDIS ASSOCIATION Principal Place of Business Mailing Address 10 SEMINOLE 10 SEMINOLE 94008850 ORLANDO FL 32833 US ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For 0 City & State 4. FEI Number City & State 59-1590311 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIETRICH III, H FRED Street Address (P.O. Box Number is Not Acceptable) 10 SEMINOLE TRAIL ORLANDO FL 32833 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Delete TITLE TITLE HONEYWELL, DAN H NAME NAME ( 236 S. LUCERNE CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Change ☐ Addition ☐ Delete TITLE JONES, RANDY NAME NAME RT 29 BOX 1100 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32024 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE SHAMBLING, GREG NAME NAME 12708 FOX WAY TR STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FRED DIETRICH NAME NAME 10 SEMINOLE TRAIL STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP EDENFIELD, GREG Hilda ☐ Addition ☐ Delete TITLE TITLE NAME NAME P.O. BOX 97 STREET ADDRESS STREET ADDRESS ALTHA FL 32421 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BARROW, IRA NAME NAME 15548 SUNFLOWER TRAIL STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 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 employered 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 attach

SIGNATURE

**FILED**