

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90289 027 ****61.25

DOCUMENT # C93000000017					
1. Entity Name MALTA ASSOCIATION OF PALATKA					
Principal Place of Business 3201 REID ST. PALATKA, FL 32177			Mailing Address P.O. BOX 218 PALATKA, FL 32178		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3192326	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAESEKER, PHILIP N 1301 PRESIDENT ST PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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)					
DATE _____					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSATO, EDWARD J 122 BROWNS FISH CAMP RD CRESCENT CITY, FL 32139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSATO, EDWARD J. 132 ROBERTS BLVD SATSUMA, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYONS, HARRY J 140 SANTA BARBARA ST EAST PALATKA, FL 32131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAURIE, ROBERT J. 115 COVE RD. SATSUMA, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, JOSEPH W JR P O BOX 2137 PALATKA, FL 32178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAESEKER, PHILIP N. 1301 PRESIDENT ST. PALATKA, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERRY, MARY L 2809 GOLF DR PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:			EDWARD J. CUSATO		
_____			4-13-04 386-328-2863		
_____			_____		