2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# F01000002198

Entity Name: AMERICAN FAMILY COALITION OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 266261
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 266261
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-1092472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FREYSTATTER, GUNTER
Address: 10020 SW 8TH ST.
City-St-Zip: PEMBROKE, FL

Title: VD ( ) Delete
Name: CUTTS, THOMAS
Address: 269 MERRYDALE DR., SW
City-St-Zip: MARIETTA, GA

Title: CD (X) Delete
Name: CHIDESTER, GARY
Address: 9758 NW 4TH LANE
City-St-Zip: MIAMI, FL

Title: SM ( ) Delete
Name: FREYSTATTER, AIVA L
Address: 10020 SW 8 ST
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SM (X) Change ( ) Addition
Name: FREYSTATTER, LIISA A
Address: 10020 SW 8 ST
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUNTER FREYSTATTER PD 04/29/2004

Electronic Signature of Signing Officer or Director — Date