


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000006199	
1. Entity Name VOYAGE OF DISCOVERY, INC.	

Principal Place of Business 3416 WINDERMERE STREET COLUMBUS, GA 31909	Mailing Address P.O. BOX 162 COLUMBUS, GA 31902
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DO NOT WRITE IN THIS SPACE



05062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2488225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUNT, E.L. ROY 2721 SW 4TH PLACE GAINESVILLE, FL 32607	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000160519 05/17/04-80001-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COC DOCKTER, STEVE 3416 WINDERMERE STREET COLUMBUS, GA 31909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COC CHAMPION, BECKY A 3491 SOUTH LUMPKIN ROAD COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PURCELL, DOUG P.O. BOX 33 EUFAULA, AL 360720033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, J. EDWARD P.O. BOX 1340 COLUMBUS, GA 319021340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JUDGE JOHN 5040 SEDONA COURT COLUMBUS, GA 31907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEA, SALLY 1900 EMERY STREET, SUITE 450 ATLANTA, GA 30318

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: Ed Wilson, Treasurer x5/14/04 x706-653-4712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____