

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90003 026 \*\*\*\*70.00

<b>DOCUMENT # F01000006199</b> 1. Entity Name <b>VOYAGE OF DISCOVERY, INC.</b>			
Principal Place of Business <b>3416 WINDERMERE STREET COLUMBUS, GA 31909</b>		Mailing Address <b>P.O. BOX 162 COLUMBUS, GA 31902</b>	
2. Principal Place of Business <b>3491 South Lumpkin Rd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Columbus, GA</b>		City & State _____	
Zip <b>31901</b>	Country <b>USA</b>	Zip _____	Country _____
4. FEI Number <b>58-2488225</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05112005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>HUNT, E.L. ROY 2721 SW 4TH PLACE GAINESVILLE, FL 32607</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____			
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE COC NAME DOCKTER, STEVE STREET ADDRESS 3416 WINDERMERE STREET CITY-ST-ZIP COLUMBUS, GA 31909	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Treasurer NAME Rutland, Carole STREET ADDRESS PO Box 162 CITY-ST-ZIP Columbus, GA 31902-0162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE COC NAME CHAMPION, BECKY A STREET ADDRESS 3491 SOUTH LUMPKIN ROAD CITY-ST-ZIP COLUMBUS, GA 31901	<input type="checkbox"/> Delete	TITLE Director NAME Wilson, J. Edward STREET ADDRESS PO Box 1340 CITY-ST-ZIP Columbus, GA 31902-1340	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VC NAME PURCELL, DOUG STREET ADDRESS P.O. BOX 33 CITY-ST-ZIP EUFAULA, AL 360720033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WILSON, J. EDWARD STREET ADDRESS P.O. BOX 1340 CITY-ST-ZIP COLUMBUS, GA 319021340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ALLEN, JUDGE JOHN STREET ADDRESS 5040 SEDONA COURT CITY-ST-ZIP COLUMBUS, GA 31907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BETHEA, SALLY STREET ADDRESS 1900 EMERY STREET, SUITE 450 CITY-ST-ZIP ATLANTA, GA 30318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>x Carole Rutland Dr. Carole Rutland</b> x <b>May 15/05 706-566-5057</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			