2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005678

Entity Name: BE STILL AND KNOW, INC.

FILED Jun 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13727 SW 152 STREET #319 MIAMI, FL 33177 **Current Mailing Address: New Mailing Address:** 13727 SW 152 STREET #319 MIAMI, FL 33177 FEI Number: 95-4687543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORD, TOMMY 13727 SW 152 ST #319 MIAMI, FL 33177 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCSD** () Change () Addition () Delete FORD, TOMMY Name: Name: 13727 SW 152 ST #319 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: () Delete () Change () Addition SASSO-FORD, GINA Name: Name: Address: 13727 SW 152 ST #319 Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: CFOT () Delete Title: () Change () Addition JOHNSON, DANNY Name: Name: Address: 13015 SW 89TH PLACE #303 Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: () Delete Title: VC Title: (X) Change () Addition Name: MOURNING, TRACY Name: CARPENTER, WILLIE 3525 ANCHORAGE WAY 10965 SW 175 STREET Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: (X) Change () Addition CARPENTER, WILLIE ABRAHAM, NORMA J Name: Name: 10965 SW 175 ST 4891 SW 76TH STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33143 Title: (X) Delete Title: () Change () Addition ABRAHAM, NORMA J Name: Name: Address: 4891 SW 76 ST Address: MIAMI, FL 33143 City-St-Zip: City-St-Zip:

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: GINA FORD D 06/30/2004