

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000275

Entity Name: SHORESH/USA, INC.

FILED
Jun 15, 2004
Secretary of State

Current Principal Place of Business:

4821 SUNDERLAND RD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

PO BOX 551593
JACKSONVILLE, FL 322551593

New Mailing Address:

FEI Number: 54-1198162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALES, CHERYL
4821 SUNDERLAND RD
JACKSONVILLE, FL 32210 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: C () Delete
Name: CAIMS, DOUG
Address: 2117 SAGEWOOD DR
City-St-Zip: MONTGOMERY, AL 36117

Title: D () Delete
Name: GONZALES, CHERYL
Address: 4821 SUNDERLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VC () Delete
Name: WILLSON, SHERON
Address: 3893 ARDEN ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: BULLOCK, LYDIA
Address: 2510 HICKORY BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VC () Delete
Name: RIDGERS, JOHN
Address: 921 MELROSE AVENUE
City-St-Zip: AMBRIDGE, PA 15003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: WILLSON, SHERON
Address: 3893 ARDEN STREET
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: VC (X) Change () Addition
Name: FULLER, THOMAS
Address: 1647 LONDONDERRY ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: T (X) Change () Addition
Name: WILLMAN, HARRIS
Address: 4205 ROBIN HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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: SHERON WILLSON

C

06/15/2004

Electronic Signature of Signing Officer or Director

Date