


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90269 028 ****61.25

DOCUMENT # N00000000982 1. Entity Name AMERICAN BUSINESS WOMEN'S ASSOCIATION ANASTASIA CHAPTER, INC.	
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Principal Place of Business 75 WEEDEN STREET STV AUGUSTINE, FL 32084	Mailing Address PO BOX 1116 ST AUGUSTINE, FL 32085-1116
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94076473



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3632347	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TERRILL, BEVERLY 2063RD STREET ST AUGUSTINE, FL 32084	7. Name and Address of New Registered Agent Name HARNAGE, VERA S. Street Address (P.O. Box Number is Not Acceptable) 75 Weeden Street St. Augustine, FL 32084 City FL Zip Code 32084
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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 Vera S. Harnage Vera S. Harnage 04/29/04
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when installing) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVP SECHEN, TERRY 3960 A1A S 804 ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/P JILSON, Patricia C. 77 Andora Street St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS LUPINETTI, JUDE 1902 SHORE DR SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/VP SHEETS, Holly PO Box 1962 Palatka, FL 32178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOLLY, SHEETS PO BOX 1962 PALATKA, FL 32178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S BATSON, Andrea 265 Atlanta Circle, #201 St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/T HARNAGE, Vera S. 75 Weeden Street St. Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S LUPINETTI, Jude 1902 Shore Drive St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Vera S. Harnage Vera S. Harnage 04/29/04 (904) 824-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #