

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90517 013 \*\*\*\*61.25

54040609



04212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3639123	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**

HILL, R. MICHAEL  
1415 BAKER COURT  
PANAMA CITY, FL 32401

**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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUQUA, EDWARD G 10202 DAVENPORT AVENUE YOUNGSTOWN, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUQUA, RUTH 10202 DAVENPORT AVENUE YOUNGSTOWN, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LODICO, KAREN 10192 DAVENPORT AVE. PANAMA CITY, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, R. MICHAEL 1415 BAKER CT PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHIER, CHARLES 608 GLORY ROAD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POY, JU 1210 WYOMING AVE. PANAMA CITY, FL 32444

**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:** R. Michael Hill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2004 872-4128  
Date Daytime Phone #