

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

94050539



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0988428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

HUMPHERY, BERRY  
569 S.W. 14TH STREET  
BELLE GLADE, FL 33430

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUMPHREY, BERRY
STREET ADDRESS	569 S.W. 14TH STREET
CITY - ST - ZIP	BELLE GLADE, FL 33430

TITLE	SD
NAME	JOHNSON, MARY
STREET ADDRESS	569 S.W. 14TH STREET
CITY - ST - ZIP	BELLE GLADE, FL 33430

TITLE	TD
NAME	THOMAS, MELVIA
STREET ADDRESS	569 S.W. 14TH STREET
CITY - ST - ZIP	BELLE GLADE, FL 33430

TITLE	MD
NAME	PATRICK, J.D
STREET ADDRESS	569 SW 14TH ST.
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	D
NAME	Pamela Harvey
STREET ADDRESS	290 N W 11th Ave
CITY - ST - ZIP	South Bay Fl 33493

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_