2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000002458

1. Entity Name

SIGNATURE: _



FILED Mar 12, 2004 8:00 am Secretary of State

Daytime Phone #

03-12-2004 90002 030 ****61.25

INC.								
Principal Place of Business Mailing Address								
C/O HARDE 1009 NORTH WAUCHULA		FICEC/O HARDEE COUNTY PO BOX 1678 WAUCHULA FL 33873	SCHOOL BOAF	D OFFICE			54017	060
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)			
City & State		City & State		4.	4. FEI Number			
Zip	Country	Zip	Country	5.	. Certificate of State	us Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent	N	7.	Name and Addre	ss of New Register	ed Agent	
BAXTER, TRACEY T 901 W MAIN ST, OFFICE 120 WAUCHULA FL 33873				Name SHUJWANA LAMY Street Address (P.O. Box Number is Not Acceptable) 901 W MAIN STREET, OFFICE 120				
			City	III A	r dagre	. F	Zip Code	
8. The above	named entity submits this statement t	for the purpose of changing its			<u>11. 로웨딩도</u> agent, or both, in th	e State of Florida. 1	33873 am familiar with.	
	ions of registered agent. Shywww. Signature, typeog printed name of registered agen) ату <i>S</i> нити		y .		3 01	04 TE	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	Trust Fund C		☐ Åd	5.00 May Be ided to Fees	Fiorida Dep	eck Payable partment of S	State 🦠
10.	OFFICERS AND D		11.		DITIONS/CHANGES	TO OFFICERS AND		77
TITLE I	TOMLINSON, VIDA	Delete	TITLE NAME	C BUCKLE	EY, BOBBY		Change	Addition
STREET ADDRESS	803 SHADY NOOK CIRCLE		STREET ADDRESS		ORREY ROAD			
CITY-ST-ZIP	WAUCHULA FL 33873		CITY-ST-ZIP	•	ng Green, I	FL 33834		
TITLE	T	☐ Delete	TITLE	D			☐ Change	X Addition
NAME	RODRIQUEZ, ANGEL P.O. BOX 1549		NAME		NS, DEAN			
STREET ADDRESS CITY-ST-ZIP	WAUCHULA FL 33873		STREET ADDRESS CITY-ST-ZIP			Suite 110		
TITLE	D		TITLE	Wauchi	ıla, FL 338	373	Change	☐ Addition
NAME	KNIGHT, SHIRLEY	Delete	NAME	+=-		·	Change	Addition
STREET ADDRESS	1999 ST RD 64 E		STREET ADDRESS					
CITY-ST-ZIP	WAUCHULA FL 33873		CITY-ST-ZIP		-			
TITLE	JONES, DENNIS	Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	PO BOX 1678		NAME STREET ADDRESS					
CITY-ST-ZIP	WAUCHULA FL 33873		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	D				☐ Addition
NAME	HOWRE, KATE PO BOX 368		NAME	_	LL, KATE			
STREET ADDRESS	LAKELAND FL 33802-0368		STREET ADDRESS	122 CE	NTRAL AVE.			
CITY-ST-ZIP	CP		CITY-ST-ZIP	Winter	Haven, FL	33880		□ Address
NAME	COLLINS, SYLVIA	Delete	TITLE NAME	ע מוז ד דיי	C CVIVIA		∑ Change	Addition
STREET ADDRESS	502 EAST AMIN STREET		STREET ADDRESS		S, SYLVIA	DECT		
CITY-ST-ZIP	WAUCHULA FL 33873		CITY-ST-ZIP	Wauchu	ST MAIN ST 1a, FL 338	<u>75°°</u>		
indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that no powered to execute this report	ny signature shall h as required by Cha	ave the sam	ne legal effect as if i	made under oath; the	at I am an officer	or director