2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCU 1. Entity Nam RAPSON		04-26-2004 90442 018 ****61.25					1.25		
Principal Place of Business 1111 S LAKEMONT AVENUT APT 401 WINTER PARK, FL 32792		Mailing Address 1111 S LAKEMONT AVENUT APT 401 WINTER PARK, FL 32792 5479 FOMORN RD			(()				
2. Principal Place of Business		WILLIAMSBURY, ONTO 45176 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
					04122004	Chg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Number 59-3648				plied For at Applicable
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fes Required				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New			
LOWMAN	WILLIAM P. IP. ESO		Name						
LOWMAN, WILLIAM R JR, ESQ 315 E ROBINSON STREET SUITE 600 GATEWAY CTR, SUITE 1 ORLANDO, FL 32801 1000 LEGION PLACE									
ORLANDO), FL 32801	OUD LEGION PLACE			<u></u>				
· ·	3		City				FL	Zip Code	e
	named entity submits this statement for	r the purpose of changing its re	egistered office o	r registere	ed agent, or both	, in the State of F		amiliar with,	and accept
the obligat	ions of registered agent.	••						ا قائير ديو	
SIGNATURE.									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	·Flö	Make check rida Depar	payable to ment of St	ate
10.	OFFICERS AND DIF		11.		DDITIONS/CHA	NGES TO OFFICI	ERS AND DIF		
TITLE NAME	D RAPSON, DOROTHY B	☐ Delete	TITLE NAME	D R	CAPSON,	DORO THY	3	Change	Addition
STREET ADDRESS	1111 S LAKEMONT AVE, A PT 4	STREET ADDRESS	1— A DADE EL — A.						
CITY-ST-ZIP	WINTER PARK, FL 32792	<u> </u>	CITY-ST-ZIP		INTER I	THER, FL	32792	5 0 o	
TITLE NAME	D RAPSON, ROBERT B	☐ Delete	title Name	DRA	PSON RO	BERRY B		Change	Addition
STREET ADDRESS	% D B RAPSON, 1111 S LAKEM	STREET ADDRESS	1 4						
CITY-ST-ZIP ··	WINTER PARK, FL 32792		CITY-ST-ZIP	WIL	-LIAMSB	URG, OTT	4517		
TITLE -	D _ MULINARE, ANTHONY	☐ Deleta	NAME		.:. به		•	☐ Change	Addition
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CITY-ST-ZIP	MAITLAND, FL 32792		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				-	☐ Change	☐ Addition
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CITY-ST-ZIP	,		CITY-ST-ZIP						}
TITLE	·	☐ Delete	TITLE					☐ Change	Addition
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STREET ADDRESS	en consistence and an entire of the second s		STREET ADDRESS		uga . -				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	<u> </u>			4.6.1	or at a second	
 12. i hereby of indicated 	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for to true and accurate and that my	ne exemption sta signature shall h	ited in Sec have the s	ction 119.07(3)(i) ame legal effect	, riorida Statutes. as if made under	oath; that I a	iry that the in m an officer	or director

2. I nereby certify that the information supplied with this filing does not quality 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

14 Apr 04

573-625-4647