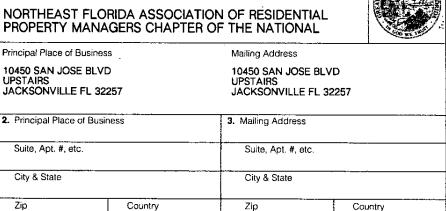
2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N00000005338

1. Entity Name

CITY-ST-ZIP



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

04-12-2004 90329 008 ****61.25

Principal Plac	e of Business	Mailing Address						
10450 SAN JOSE BLVD UPSTAIRS JACKSONVILLE FL 32257		10450 SAN JOSE BLVD UPSTAIRS JACKSONVILLE FL 32257			14001593			
2. Principal P	Place of Business	3. Mailing Address	ng Address					
Cuita Ant	Ш. д.	Crite And Heats			- -			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)			
City & State		City & State			4. FEI Number			
Zip Country		Zip	p Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	ed Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Name						
HEIST, H. ANTHONY 1661 ESTERO BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)				
SUI	TE 20 RT MYERS BEACH FL 33931			F				
			City			FL	Zip Code	9
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	· .						-71	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signa	sture required	when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.	OFFICERS AND DIF	11.		DDITIONS/CHANGES TO O	CEICEBS AND DID	ECTORC IN	10	
TITLE	IPED STRIBERG AND BA	·	-	PRESIT	DENT	FEICENS AND DIN		
NAMÉ	HODGES, MICHAEL	☑ Delete	TITLE		CLIN, WANDA		Change	☐ Addition
STREET ADDRESS	3943 BAYMEADOWS RD		NAME STREET ADDRESS		103RD ST. # 6			
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIP		onville FL 32210			
TITLE	S	☐ Delete	TITLE	PRESI	Dent- Elect		☐ Change	☐ Addition
NAME	ROSEY, GLORIA		NAME	Need	ham, Brenda Belford Rd., #	1105	_	-
STREET ADDRESS	4201 BAYMEADOWS RD		STREET ADDRESS	4190	Beiford Rd., #	473		
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIP	JACK	sonuille FL 322	116		
TITLE	SD	☐ Defete	TITLE	VICE-	PRESDENT		Change	Addition
NAME	JONES, WAYNE		NAME ·	Thom	AS, CARYN			_
STREET ADDRESS	228 THIRD AVENUE NORTH		STREET ADDRESS		Glynlen Rd	 -	 - '	• 1
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	JACK	SONUILLE FL 32	216		
TITLE	PE	☐ Delete	TITLE	Secre	torry		Change	☐ Addition
NAME	FRANKLIN, WANDA		NAME	RASE	BAYMEADOUS RI	_	_ ,	
STREET ADDRESS	6983 103RD STE 6		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	JAC	Ksonuike FL 322	17		
TITLE	PROZINO WENCY	Delete	TITLE	TRESU	•		Change	Addition
NAME	BROZINO, WENDY		NAME	CARR	, CLAUDIA		~	_
STREET ADDRESS	254 THIRD STREET		STREET ADDRESS		PARK AUE.			1
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP	ORAN	ICE PARK, FL 320	13		
TITLE		☐ Delete	TITLE		****		☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			CYPECT APPROPRIE	1				ļ

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE: WANDER FRANKLIN, PRES. WAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR