

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

761.25

FILED

04 FEB 13 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152004 Chg-NP CR2E037 (10/03) *MRS*

4. FEI Number
59-3935275
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, LINDA A
1702 NE 15 TERRACE
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, LINDA A	
STREET ADDRESS	1702 NE 15TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, WILLIE L JR	
STREET ADDRESS	1702 NE 15TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, MICHELLE G	
STREET ADDRESS	7215 SW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, BRANDON	
STREET ADDRESS	7215 SW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEEVERS, NORMAN	
STREET ADDRESS	3830 S SW 2ND TERR APT B	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORD, MAXINE	
STREET ADDRESS	2142 NE 13TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32646	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200028433402
02/13/04-01002-010 **200.00

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 #

1-20-04