

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007836

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: OLDE EAU GALLIE RIVERFRONT, INC.

## Current Principal Place of Business:

1405 HIGHLAND AVE.  
MELBOURNE, FL 32935

## New Principal Place of Business:

PO BOX 360564  
MELBOURNE, FL 32936 05

## Current Mailing Address:

1405 HIGHLAND AVE.  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 59-3749868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, BRENDA  
220 GRANT AVE.  
SATELLITE BEACH, FL 32937 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALEXANDER, GEORGE  
Address: 1496 ALBERT DR.  
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete  
Name: SANDERS, RALPH  
Address: 101 BARTON AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete  
Name: APELGREN, SCOTT  
Address: 1428 HIGHLAND  
City-St-Zip: MELBOURNE, FL 32735

Title: TD ( ) Delete  
Name: HESTER, RICHARD  
Address: 1101 S ORLANDO AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: SD ( ) Delete  
Name: DONDVAN, DEON  
Address: 304 BEVERLY CT  
City-St-Zip: MELBOURNE BEACH, FL 32951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD HESTER

TD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date