2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N01000001012

Entity Name: THE GREATER LAKE CLARKE SHORES BUSINESS REFERRAL GROUP, INC.

Current Principal Place of Business:

7660 NEMEC DR. SO.
W. PALM BCH, FL 33406

New Principal Place of Business:

Current Mailing Address:

7660 NEMEC DR. SO.
W. PALM BCH, FL 33406

New Mailing Address:

FEI Number: 65-1086219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUNTAIN, DAVID
7660 NEMEC DR. SO.
W. PALM BCH, FL 33406

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: D ( ) Delete
Name: FOUNTAIN, DAVID
Address: 7660 NEMEC DR. SO.
City-St-Zip: W. PALM BCH, FL 33406

Title: D ( ) Delete
Name: PARKINSON, MARGARET H
Address: 1801 FOREST HILL BLVD.
City-St-Zip: W. PALM BCH, FL 33406

Title: D ( ) Delete
Name: SWINARSKI, CHIP
Address: 2311 10TH AVE.NO., SUITE 3
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete
Name: LANDON, CAROLYN
Address: 7561 NEMEC DR. NO.
City-St-Zip: W. PALM BCH, FL 33406

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:

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: CHIP SWINARSKI D 04/30/2004

Electronic Signature of Signing Officer or Director — Date