## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2004 8:00 am Secretary of State

NAME TAYLOR, RONNIE F NAME STREET ADDRESS CITY-ST-ZIP CEDAR KEY, FL 32625 CITY-ST-ZIP  TITLE DST Delete TITLE NAME TAYLOR, BARBARA D NAME	
Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Expression of Country  Country  Expression of Country  Expres	
Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Expression of Country  Country  Expression of Country  Expres	
City & State  Country  City  Country  City  Country  E. Certificate of Status Desired  Status Desired  States Desired  States Desired  States Address of New Registered Agent  TAYLOR, RONNIE F  16333 ANDREWS CIRCLE  CEDAR KEY, FL 32625  City  FL  Zip Code  City  FL	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  TAYLOR, RONNIE F 16333 ANDREWS CIRCLE CEDAR KEY, FL 32625  City FL Zip Code  8. The above named antity 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 accidence of the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2004  9. Election Cempaign Financing Trust Fund Contribution. State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE DP  WME TAYLOR, RONNIE F SIREF ADDRESS 16333 ANDREWS CIR.  SIREF ADDRESS 1617-51-2P CEDAR KEY, FL 32625 10 Delete 11 TILE  WME TAYLOR, BARBARA D   Delete 1	
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6. Name and Address of Current Registered Agent  TAYLOR, RONNIE F 16333 ANDREWS CIRCLE CEDAR KEY, FL 32625  City  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 acc the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME TAYLOR, RONNIE F 16333 ANDREWS CIR. CITY-ST-ZIP  TITLE NAME TAYLOR, BARBARA D  Dekts TITLE NAME TAYLOR, BARBARA D  TOTAL PLANE  Change  Address of New Registered Agent Name  TAYLOR, BARBARA D  TOTAL PLANE  City TITLE NAME TAYLOR, BARBARA D  TOTAL PLANE TAYLOR, BARBARA D	
TAYLOR, RONNIE F 16333 ANDREWS CIRCLE CEDAR KEY, FL 32625  City  City  FL  Zip Code  8. The above named antity 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 acc the obligations of registered agent.  SIGNATURE  Signature, typed or privated name of registered agent and site of applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$61.25  Due by May 1, 2004  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10.  TITLE  DP  TAYLOR, RONNIE F  MAKE  TAYLOR, RONNIE F  TAYLOR, BARBARA D  ORAGE  OCEDAR KEY, FL 32625  TITLE  DST  Delete  TITLE  DST  Delete  TITLE  DATE  Change  Add  OCHANGE	
8. The above named antity 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 according to the obligations of registered agent.  SIGNATURE  Signature, typed or privated name of registered agent and title disciplicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$61.25  B. Election Campaign Financing Added to Fees  Trust Fund Contribution.  Added to Fees  Make check payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10  TITLE  DP  TAYLOR, RONNIE F  STREET ADDRESS  CITY-ST-ZIP  TITLE  DST  Delete  TITLE  DST  Delete  TITLE  DST  Change  Add  Change  Change  Add  Change  Change  Add  Change  Change  Add  Change  Ch	
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 acc the obligations of registered agent.  Signature, hyped or printed name of registered agent and title if applicable.  Filling Fee is \$61.25  Bue by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10  TITLE  DP  TAYLOR, RONNIE F  STREET ADDRESS  CITY-ST-ZIP  TITLE  DST  Delete  TITLE  DST  Delete  TITLE  DST  Delete  TITLE  DST  Delete  TITLE  DATE  Change  Add  Change  Change  Add  Change  Change  Add  Change  Change  Change  Add  Change  Chan	
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CHIEFLAND, FL 32626	] Addition
I WELLY LLOVD	] Addition
STREET ADDRESS 11550 SW 154TH AVE.	Addition Addition
CITY-ST-ZIP CEDAR KEY, FL 32625	
) HEITERMANN DORIS	
STREET ADDRESS P. O. BOX 117	
CITY-ST-ZIP CEDAR KEY, FL 32625	Addition
''	Addition
NAME NAME STREET ADDRESS STREET ADDRESS	Addition
CITY-ST-ZIP CITY-ST-ZIP	Addition

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 eath; 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: Korene F. Taylor ROSHING PROTOR OF PRINTED NAME OF SIGNAND OFFICER OF DIRECTOR

4-27-0F

252-543-5228