2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N01000001423

Entity Name: THE VILLAGE CENTER, INC.

Current Principal Place of Business:

3925 CANAL STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

3925 CANAL STREET
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 65-1035529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, PATTIE
2709 BLAKE ST
FT. MYERS, FL 33916 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:	P	( ) Delete
Name:	INGRAM, CHARLES	
Address:	13205 HAMPTON PK	
City-St-Zip:	FT MYERS, FL 33912	
Title:	V	( ) Delete
Name:	FERRELL, TOCHA	
Address:	4212 9TH ST WEST	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	S	( ) Delete
Name:	PAIGE, SONYA	
Address:	414 BUENA VISTA	
City-St-Zip:	FT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	LOVERDE, RUTH DR	
Address:	5260 S LANDINGS DR	
City-St-Zip:	FT MEYERS, FL 33901	
Title:	T	( ) Delete
Name:	ROBINSON, PATTI	
Address:	2709 BLAKE ST	
City-St-Zip:	FT MYERS, FL 33916	
Title:	D	( ) Delete
Name:	BRYANT, LEON	
Address:	6541 MARY TREE CIR	
City-St-Zip:	FT MYERS, FL 33905	

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:	
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: PATTI ROBNSON TREA 04/30/2004
Electronic Signature of Signing Officer or Director — Date