2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# N01000002303

Entity Name: OPERATION P.R.I.D.E., INC.

Current Principal Place of Business:

POST OFFICE BOX 10189
BROOKSVILLE, FL 346030189

New Principal Place of Business:

POST OFFICE BOX 10189
BROOKSVILLE, FL 346030189 US

Current Mailing Address:

POST OFFICE BOX 10189
BROOKSVILLE, FL 346030189

New Mailing Address:

POST OFFICE BOX 10189
BROOKSVILLE, FL 346030189 US

FEI Number: 59-3711614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, GREG K
628 DECATUR AVENUE
BROOKSVILLE, FL 346013236 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: ROCCO, ROSE
Address: 8189 ENGLISH ELM CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: VD (X) Delete
Name: MORRIS, JACQUELINE
Address: 101 E. FORT DADE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: STD ( ) Delete
Name: MYERS, GREG K
Address: 628 DECATUR AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROCCO, ROSE
Address: 8189 ENGLISH ELM CIRCLE
City-St-Zip: SPRING HILL, FL 34606 US

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: GREG K. MYERS STD 02/26/2004
Electronic Signature of Signing Officer or Director — Date