2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N010C0002599  1. Entity Name						Secretary of State			
NORTH (	CENTRAL FLORIDA INTER	RGROUP, I	INC.						
Principal Plac	ce of Business	Mailin	g Address .	<del></del>					
2632 NW 43RD ST STE A111 GAINESVILLE FL 32606		2632 NW 43RD ST STE A111 GAINESVILLE FL 32606							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u> </u>	100RE	CR2E037 (11/03)	: %
City & Sta			y & State			4. FEI Number	59-3360690	<b>`</b>	pplied For lot Applicable
Zîp	Country	Zip		Country		5. Certificate of S	Status Desired	S8.75 Ac	
	6. Name and Address of Curre	ent Registere	d Agent	Name		7. Name and Ad-	dress of New R	egistered Agent	
SAI	ER, FRANK P ESQ					P.O. Box Number is	Not Acceptable	2)	· <u>=·</u>
404 GAI	1-B NW 37 PL NESVILLE FL 32606			3,765,	Address (		, Acceptable		
,				City				FL Zip Coo	de
8. The above	named entity submits this statemen	nt for the purp	ose of changing its	registered office	or register	red agent, or both, ir	the State of Flo	orida. I am familiar with	, and accept
the obliga	tions of registered agent.								
the obliga					<u>.</u>			<u> </u>	* * * *
the obliga	Signature, typed or printed name of registered ag	gent and litle if app		E' Rogistered Agent sign		when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	
the obliga		gent and litle if app	9. Election Car	E <sup>r</sup> Registered Agent sign mpalign Financing Contribution.		\$5.00 May Be Added to Fees		DATE ke Check Payable ia Department of	
the obliga SIGNATURE	Signature, typed or printed name of registered as FILE NOW: FEE IS \$61,25 Due By May 1, 2004  OFFICERS AND		9. Election Car Trust Fund (	mpaign Financing		\$5.00 May Be Added to Fees	Florid	ke Check Payable	State
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12. I hereby 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 oath; that I am an officer or director of the corporation or the receiver or trustee empty ered 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:

AND THE RESIDENCE OF SUPPLY OF SUPPL

2/13/0/1

3)2-804\

**FILED**