2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002974

City-St-Zip:

Entity Name: SOUTH FLORIDA LAY CISTERCIANS, INC.

FILED Mar 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6311 N.W. 47 COURT 2300 S.W. 21ST WAY CORAL SPRINGS, FL 33067 BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** 6311 N.W. 47 COURT 2300 S.W. 21ST WAY CORAL SPRINGS, FL 33067 BOYNTON BEACH, FL 33426 FEI Number: 65-1092484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WUNKER, ROBERT L 2600 N. MILITARY TRAIL 4TH FLOOR BOCA RATON, FL 33431 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SMITH, NATALIE NICHOLSON, TERRY Name: Name: 6311 N.W. 47 COURT Address: 2300 S.W. 21ST WAY Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: BOYNTON BEACH, FL 33426 Title: STD () Delete Title: (X) Change () Addition WUNKER, MARY A Name: ANDREANA, DAN Name: Address: 2623 NW 49 ST Address: 10777 W. SAMPLE ROAD, APT 1108 City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: () Change () Addition SHANK, LILLIAN SR. Name: Name: 403 COUNTY RD. 720 Address: Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: () Delete Title: () Change () Addition MCALPINE, CÉLE Name: Name: Address: 9451 N.W. 40 STREET Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change (X) Addition WUNKER, MARY A Name: Name: 2623 N.W. 49 STREET Address: Address:

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.

City-St-Zip:

BOCA RATON, FL 33434

SIGNATURE: TERRY NICHOLSON PD 03/20/2004