2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# N01000003284

Entity Name: HOMEWARD DEVELOPMENT CORPORATION

Current Principal Place of Business:

311 PARK PLACE BLVD.
SUITE 190
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

311 PARK PLACE BLVD.
SUITE 190
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 31-1785354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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:	BEGHTOL, PEGGY	
Address:	311 PARK PLACE, BLVD., STE 225	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	STD	( ) Delete
Name:	LANE, STEVE	
Address:	10707 CLAY ROAD	
City-St-Zip:	HOUSTON, TX 77041	
Title:	D	( ) Delete
Name:	PETTY, JAMES	
Address:	311 PARK PLACE BLVD STE 500	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	D	( ) Delete
Name:	MCCAIN, DAVID	
Address:	700 NW 107TH AVE	
City-St-Zip:	MIAMI, FL 33172	
Title:	AS	( ) Delete
Name:	HARGREAVES, MARY M	
Address:	311 PARK PLACE BLVD STE 500	
City-St-Zip:	CLEARWATER, FL 33759	

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:	

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: STEVEN E LANE STD 04/19/2004

Electronic Signature of Signing Officer or Director — Date