


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004395**

1. Entity Name  
**GREATER TALLAHASSEE FIBROMYALGIA SYNDROME & CHRONIC FATIGUE SYNDROME OUTREACH GROUP, INC.**



Principal Place of Business 474 TELOGIA CREEK RD. QUINCY, FL 32351-8701	Mailing Address P. O. DRAWER D GREENSBORO, FL 32330-0803
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3645995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POUCHER, LYNNE L  
 474 TELOGIA CREEK RD.  
 QUINCY, FL 32351-8701

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKINSON, LAURA 103 WINN CAY DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEBER, VICKIE 420 E PARK AVE #14 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, KATHRYN 2443 OAKDALE ST. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/AT POUCHER, LYNNE L 474 TELOGIA CREEK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000040900  
 02/09/04-80066-014 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered 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: Lynne L. Poucher Lynne L. Poucher 1/12/04 850 442-643x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #