2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# N01000004921

Entity Name: GARDEN VILLA'S NEIGHBORHOOD FAMILY CENTER, INC.

Current Principal Place of Business:

60 A SANDLEWOOD DR. WEST
CLEARWATER, FL

New Principal Place of Business:

Current Mailing Address:

60 A SANDLEWOOD DR. WEST
CLEARWATER, FL

New Mailing Address:

FEI Number: 59-3742549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JENKINS, HILDEGARDE DR.
821 7TH ST. N.
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

JENKINS, HILDEGARDE DR.
2630 61ST AVE S
ST. PETERSBURG, FL 33712 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: _____ 03/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JENKINS, HILDEGARDE DR.	
Address:	821 7TH ST. N	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	VD	( ) Delete
Name:	CHEER, FRANKIE	
Address:	21227 U.S. 19 N # 124 B	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	TD	( ) Delete
Name:	GLENN, DELORES	
Address:	300 10TH ST. S. #333	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	SD	( ) Delete
Name:	SMITH, JACKIE	
Address:	6004 50TH ST. N # A	
City-St-Zip:	TAMPA, FL 33610	

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:	

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: HILDEGARDE JENKINS PD 03/30/2004
Electronic Signature of Signing Officer or Director — Date