


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005031	
1. Entity Name PALMETTO FAMILY COMMUNITY LIFE CENTER, INC.	

Principal Place of Business 2410 4TH AVE EAST PALMETTO, FL 34221	Mailing Address 2410 4TH AVE EAST PALMETTO, FL 34221
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0448990	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINSON, LAYON F II 442 12TH STREET WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000128044 04/26/04-80021-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, CHARLES 4305 17TH STREET ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, LAYON F II 442 12TH STREET WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLLARD, SAMUEL D 413 21ST STREET EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, BARBARA 1107 26TH CT E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, CLARENCE 4219 2ND AVENUE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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 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: <i>Charles Williams</i> <i>Charles Williams</i>	Date: 4/19/04	Daytime Phone #: (941) 812-2195
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