


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000006028	
1. Entity Name WILLIAM CATHAY CHAPTER 24TH AND 25TH INFANTRY INCORPORATED	

Principal Place of Business 4603 EAST NAVAJO AVE. TAMPA, FL 33617	Mailing Address 4603 EAST NAVAJO AVE. TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE



08272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3758706	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RHODES, RHONDA 4603 EAST NAVAJO AVE. TAMPA, FL 33617	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 September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDDICK, IRIS 6411 SOUTHERN COMFORT BLVD. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RHODES, RHONDA 4603 NAVAJO AVE. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNGER, ADRIENNE 4859 PURITAN CIRCLE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DUNGEE, ADRIENNE 4859 PURITAN CIRCLE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, GRACE 1866 FRIERSON AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SMITH, GRACE 1806 FRIERSON TAMPA, FL 33610

DO NOT WRITE  
IN THIS SPACE

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09/01/04-80001-013 70.00

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: <u>Rhonda Z. Rhodes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>8/27/04</u> (F13) 980-6282 Daytime Phone #
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