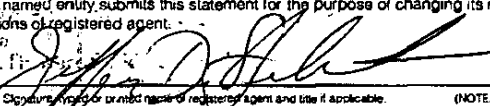
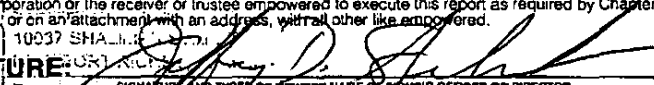


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90003 002 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
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| <b>DOCUMENT # N01000007044</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                 |                                                                                                                                                                                                                                    |  |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| 1. Entity Name<br><b>INTERFAITH MINISTRY OF HELPS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| Principal Place of Business<br><b>6611 HWY 19<br/>510<br/>NEW PORT RICHEY, FL 34652</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                                                 | Mailing Address<br><b>6611 HWY 19<br/>510<br/>NEW PORT RICHEY, FL 34652</b>                                                                                                                                                        |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| 2. Principal Place of Business<br><b>10043 SHALIMAR ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                 | 3. Mailing Address<br><b>10043 SHALIMAR</b>                                                                                                                                                                                        |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                 | Suite, Apt. #, etc.                                                                                                                                                                                                                |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| City & State<br><b>NEW PORT RICHEY FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                 | City & State<br><b>NEW PORT RICHEY FL</b>                                                                                                                                                                                          |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| Zip<br><b>34654</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Country<br><b>U.S.</b>                                                                                          |                                                                                                                                                                                                                                    | 4. FEI Number<br><b>59-3759655</b>                                                |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                 |                                                                                                                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                            |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| 6. Name and Address of Current Registered Agent<br><b>STEINHART, JEFFREY D SR<br/>10037 SHALIMAR STREET<br/>NEW PORT RICHEY, FL 34654</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br><b>STEINHART, JEFFREY D</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10043 SHALIMAR ST</b><br>City<br><b>NEW PORT RICHEY</b> FL Zip Code<br><b>34654</b> |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| By 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.<br>Signature  DATE <b>7/22/04</b><br>(NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                                                                                |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| Filing Fee is \$61.25<br>Due by September 8, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                                                                                    | Make check payable to<br>Florida Department of State                              |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                              |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEINHART, JEFFREY D SR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10037 SHALIMAR STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34654</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                            |                           |                                                                                                                 | TITLE                                                                                                                                                                                                                              | D                                                                                 | <input type="checkbox"/> Delete            | NAME | STEINHART, JEFFREY D SR. |  | STREET ADDRESS | 10037 SHALIMAR STREET     |  | CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 |  | <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STEINHART, JEFFREY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10043 SHALIMAR ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34654</td> <td></td> </tr> </table>   |  |  | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | STEINHART, JEFFREY D   |  | STREET ADDRESS | 10043 SHALIMAR ST       |  | CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                         | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STEINHART, JEFFREY D SR.  |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10037 SHALIMAR STREET     |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NEW PORT RICHEY, FL 34654 |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STEINHART, JEFFREY D      |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10043 SHALIMAR ST         |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NEW PORT RICHEY, FL 34654 |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEFRANCO, RICHARD PASTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7516 GULF HIGHLANDS DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT RICHEY, FL 34668</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                 | TITLE                                                                                                                                                                                                                              | D                                                                                 | <input checked="" type="checkbox"/> Delete | NAME | DEFRANCO, RICHARD PASTOR |  | STREET ADDRESS | 7516 GULF HIGHLANDS DRIVE |  | CITY-ST-ZIP | PORT RICHEY, FL 34668     |  | <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STEINHART, JACQUELINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10043 SHALIMAR ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34654</td> <td></td> </tr> </table>  |  |  | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | STEINHART, JACQUELINE  |  | STREET ADDRESS | 10043 SHALIMAR ST       |  | CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                         | <input checked="" type="checkbox"/> Delete                                                                      |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DEFRANCO, RICHARD PASTOR  |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7516 GULF HIGHLANDS DRIVE |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PORT RICHEY, FL 34668     |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                    |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STEINHART, JACQUELINE     |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10043 SHALIMAR ST         |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NEW PORT RICHEY, FL 34654 |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                         | <input checked="" type="checkbox"/> Delete                                                                      |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WILSON, JAMES             |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1733 US HWY 19            |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HOLIDAY, FL 34691         |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                    |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rev. RALPH E. MCINTOSH    |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9949 N. Wagstaff Circle   |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Richmond, VA. 23236       |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                    |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Susan G. MCINTOSH         |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9949 N. Wagstaff Circle   |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Richmond, VA 23236        |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                 | TITLE                                                                                                                                                                                                                              |                                                                                   | <input type="checkbox"/> Delete            | NAME |                          |  | STREET ADDRESS |                           |  | CITY-ST-ZIP |                           |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>                                                                             |  |  | TITLE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME |                        |  | STREET ADDRESS |                         |  | CITY-ST-ZIP |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <input type="checkbox"/> Delete                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| 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, without other like empowerment. |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| SIGNATURE  DATE <b>7/22/04</b> 727-856-9146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |
| TITLE <b>D</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                   |                                            |      |                          |  |                |                           |  |             |                           |  |                                                                                                                                                                                                                                                                                                                                                                                |  |  |       |   |                                                                              |      |                        |  |                |                         |  |             |                           |  |

PLEASE NOTE NEW STREET