2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State
04-19-2004 90328 013 ****61.25

DOCUMENT # N01000008597

1. Entity Name
S. L. VOLPE EVANGELISTIC ASSOCIATION, INC.

66420131

Principal Place of Business	Mailing Address
26211 NORTH S.R. 121 ALACHUA, FL 32615	26211 NORTH S.R. 121 ALACHUA, FL 32615

04152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
25417 NORTH SR 121	25417 NORTH SR 121
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALACHUA, FL	City & State: ALACHUA, FL
Zip: 32615 Country: US	Zip: 32615 Country: US

4. FEI Number ~~APPLIED FOR~~ 05-05 60245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOLPE, TIMOTHY W ESQ. 1301 RIVERPLACE BOULEVARD SUITE 1700 JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VOLPE, SEBBY 26211 NORTH S.R. 121 ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	25417 NORTH SR 121	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THEUS, RALPH 7510 NW 258 AVE ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VOLPE, ANGELA 26211 NORTH S.R. 121 ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	25417 NORTH SR 121	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THEUS, JUDY 7510 NW 258 AVE ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANDY, EDDIE 110 NW 8TH AVE HIGH SPRINGS, FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINKERTON, CHARLES US HWY 441 HIGH SPRINGS, FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/17/04 386 418 3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #