

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000008674

1. Entity Name

FRENCHTOWN RESOURCES CENTER, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 20 PM 1:53

Principal Place of Business

717 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32303

Mailing Address

717 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-3760889
AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, KATHY W
2307 VIA SARDINIA ST.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE D ☐ Delete
NAME WRIGHT, NATHAN
STREET ADDRESS 2307 VIA SARDINIA ST.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME WRIGHT, KATHY
STREET ADDRESS 2307 VIA SARDINIA ST.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME GIBSON, GEORGE SR
STREET ADDRESS 1621 OLD BAINBRIDGE RD.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete
NAME LEWIS, KATHY
STREET ADDRESS 4062 BISHOP RD.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 500037054515
STREET ADDRESS 05/24/04--01096--001 **183.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/04 644-4934