2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90178 046 ****61.25

DOCUMENT # N02000000231

1. Entity Name
COMMUNITY OF GRATITUDE, INC.

50044605

Principal Place of Business	Mailing Address
16303 SOUTHEAST 137TH COURT WEIRSDALE, FL 32195	PO BOX 2021 OCKLAWAHA, FL 32183

01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30-0025921 ☐ 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
SEAMAN, BRUCE 16303 SOUTHEAST 137TH COURT WEIRSDALE, FL 32195	Name SEAMAN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 2 PECAN DRIVE LOOP City OCALA FL Zip Code 34472

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: _____ BRUCE SEAMAN, PRES. 4-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	S BEST, ERIN 17284 SE 158TH AVE. WEIRSDALE, FL 32195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, THERESA 16600 SE 147TH CT. WEIRSDALE, FL 32195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, BILL P.O. BOX 366 ALTOONA, FL 32702	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTINE MORRIS P. O. BOX 573 WEIRSDALE, FL 32195	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORNTON, BILL 20831 SE 141ST LN. UMATILLA, FL 32784	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELDRED, GARY 13333 S.E. HWY 25 OCKLAWAHA, FL 32183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, TERRY BOX 1519 OCKLAWAHA, FL 32183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAN SANFORD 14430 SE HWY 42 WEIRSDALE, FL 32195	☐ 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: _____ BRUCE SEAMAN, PRES 4-25-05 352-624-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #