## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000471

"------ ALACHUA KADATE CENTE

16133 NW 78TH TERR.

ALACHUA, FL 32615

Address:

City-St-Zip:

FILED Apr 13, 2004 Secretary of State

Entity Name: ALACHUA KARATE CENTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 14910 MAIN ST. ALACHUA, FL 32616 **Current Mailing Address: New Mailing Address:** P. O. BOX 1509 ALACHUA, FL 32616 FEI Number: 80-0033972 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MULVEY, NEIL 22407 SW 71ST AVE. NEWBERRY, FL 32669 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MULVEY, NEIL Name: Name: Address: 22407 SW 71ST AVE. Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HENAULT, CHARLES III Name: Address: RT. 4 BOX 490 Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HAYES-MORRISON, THOMAS Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NEIL MULVEY D 04/13/2004