


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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90050 017 ****70.00

DOCUMENT # N02000000837 1. Entity Name CENTRAL FLORIDA SMALL BUSINESS ASSISTANCE CENTER, INC.					
Principal Place of Business 901 NW 8TH AVENUE STE D-1 A5 GAINESVILLE FL 32601			Mailing Address P.O. BOX 1174 GAINESVILLE FL 32602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATREX MATRIX CORPORATION 901 NW 8TH AVENUE STE D-1 A5 GAINESVILLE FL 32601				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, ALLEN E		NAME		
STREET ADDRESS	3641 WEST HIGHWAY 316		STREET ADDRESS		
CITY - ST - ZIP	REDDICK FL 32686		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, KENDRA R		NAME		
STREET ADDRESS	214 COLUMBIA DRIVE #027		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32304		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ROSA B.		NAME		
STREET ADDRESS	423 NW 6TH PLACE		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL 32601		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Allen E. Crawford</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/04 352-378-6568 <small>Date Daytime Phone #</small>		