

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2004  
Secretary of State**

DOCUMENT# N02000002567

Entity Name: WAKULLA PROFESSIONAL AND BUSINESS WOMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 111  
CRAWFORDVILLE, FL 32326

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 111  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: 03-0449701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVID, JANIS  
121 OLD STIO ROAD  
CRAWFORDVILLE, FL 32327      US

**Name and Address of New Registered Agent:**

DAVID, JANIS  
121 OLD STLL ROAD  
CRAWFORDVILLE, FL 32327      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: \_\_\_\_\_ Date: 04/22/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KING, PAMELA  
Address: PO BOX 1673  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: SD ( ) Delete  
Name: SANDERS, DORIS  
Address: 2181 CRAWFORDVILLE HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete  
Name: DAVID, JANIS  
Address: 121 OLD STILL RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD ( ) Delete  
Name: HALSTEAD, BEVERLY  
Address: 60 SOLOMONDR  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DAVID, JANIS  
Address: PO BOX 111  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: SD (X) Change ( ) Addition  
Name: HALSTEAD, BEVERLY  
Address: PO BOX 111  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: VD (X) Change ( ) Addition  
Name: LAWHON, JACKIE  
Address: PO BOX 111  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: TD (X) Change ( ) Addition  
Name: STOKLEY, GENEVA  
Address: PO BOX 111  
City-St-Zip: CRAWFORDVILLE, FL 32326

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.

SIGNATURE: JANIS DAVID      PD      04/22/2004  
Electronic Signature of Signing Officer or Director      Date