

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003767

FILED
Jan 05, 2004
Secretary of State

Entity Name: FRIENDS OF THE GARDEN TOMB, USA, INC.

Current Principal Place of Business:

7380 SAND LAKE RD, STE 100
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7380 SAND LAKE RD, STE 100
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 03-0446083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRACK, JAY DR.
7380 SAND LAKE RD, STE 100
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: STRACK, JAY DR.
Address: 7380 SAND LAKE RD, STE 100
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: THOMAS, STAN
Address: 300 VILLAGE GREEN CIR, STE 200
City-St-Zip: SMYRNA, GA 30080

Title: D () Delete
Name: THOMAS, CLAUDE DR.
Address: 3100 N. INDUSTRIAL
City-St-Zip: EULESS, TX 76039

Title: D () Delete
Name: FERGUSON, DAVID
Address: 11615 ANGUS RD SUITE 203
City-St-Zip: AUSTIN, TX 78759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR. JAY STRACK

DP

01/05/2004

Electronic Signature of Signing Officer or Director

Date