2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N02000003946

Entity Name: FRIENDS WORKING TO FREE SCOTT SPEICHER, INC.

Current Principal Place of Business:

200 LAURA STREET N
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

200 LAURA STREET N
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 04-3678273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP
200 LAURA STREET N
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: ISAAC, DEBORAH
Address: 42 TALLWOOD RD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: HIGGINBOTHAM, JOSEPH
Address: 76 SOUTH ROSENE BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: JENSEN, NELS P
Address: 5729 FT SUMTER RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: NOVELLY, MIRIAM W
Address: 1611 S MCDUFF AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: STAFFORD, JAMES
Address: 4302 DAVINCI AVE
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: MIRIAM NOVELLY D 04/16/2004

Electronic Signature of Signing Officer or Director — Date