

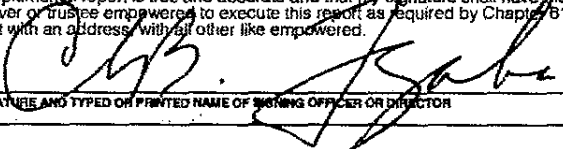


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr-19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004293</b>			
1. Entity Name SOUTHERN INDEPENDENT OFFICIAL ASSOCIATION, INC.			
Principal Place of Business POST OFFICE BOX 541 SHALIMAR, FL 32579	Mailing Address POST OFFICE BOX 541 SHALIMAR, FL 32579		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02232004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-3100805	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  FRANZALIA, CHARLES B 2195 TOPAZ COURT FORT WALTON BEACH, FL 32547		<b>DO NOT WRITE IN THIS SPACE</b>	
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 resigning)</small> DATE _____			
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000119088 04/19/04-80087-004 61.25
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANZALIA, CHARLES 2195 TOPAZ COURT FORT WALTON BEACH, FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, MARVIN E POST OFFICE BOX 997 CRESTVIEW, FL 32536		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARKS, MICHAEL L 123 PINDAK G E CRESTVIEW, FL 32539		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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: 		Date <u>4/14/04</u> Daytime Phone # _____	