

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

**FILED  
Jul 05, 2004  
Secretary of State**

DOCUMENT# N02000004378

Entity Name: ENCYCLIA ENTHUSIASTS, INC.

**Current Principal Place of Business:**

2748 SANTA BARBARA BLVD.  
#7  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

2748 SANTA BARBARA BLVD.  
#7  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 01-0716444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHIPKA, STEWART A  
2748 SANTA BARBARA BLVD.  
#7  
NAPLES, FL 34116

**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: PD ( ) Delete  
Name: CHIPKA, STEWART A  
Address: 2748 SANTA BARBARA BLVD #7  
City-St-Zip: NAPLES, FL 34116

Title: VP1D ( ) Delete  
Name: UNGER, RICHARD  
Address: 3450 N. KILBOURN  
City-St-Zip: CHICAGO, IL 60641

Title: VP2 ( ) Delete  
Name: WATSON, CAROL J  
Address: 1450 CHALET PL.  
City-St-Zip: PENSACOLA, FL 32514

Title: VP3D ( ) Delete  
Name: WOLFE, REBECCA  
Address: 173 S. HAMPTON DR.  
City-St-Zip: JUPITER, FL 33458

Title: SD ( ) Delete  
Name: LOPATIN, ISABEL  
Address: 13 PINE ST  
City-St-Zip: COLD SPRING, NY 10516

Title: TD ( ) Delete  
Name: LOPATIN, ISABEL  
Address: 13 PINE ST  
City-St-Zip: COLD SPRING, NY 10516

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

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

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

Title: VP2 (X) Change ( ) Addition  
Name: PORLICK, MARY LOU  
Address: 1822 S.W. 62 PL  
City-St-Zip: MIAMI, FL 33155

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: STEWART A. CHIPKA

PD

07/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date