## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

| Country   Country   Country   Country   Country   Sacros   Country   Sacros   Sacr  |  | 6089<br>SIUM INC.                 |   | I .                             | retary of S<br>5-2004 90062 037 ****   |                              |  |
|---|--|-----------------------------------|---|---------------------------------|--|------------------------------|--|
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4112004 Chg-NP CR2E037 (10/03)  City & State  GaineSvi/le, FL  City & State  GaineSvi/le, FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi  | 614 WALDEN POND DRIVE  | 3614 WALDEN POND DRIV             | =   | *                               | : 110 110 110 110 110 110 110 110 110 11   |                              |  |
| Gainesville FL Gainesville, FL 11-3650246 Not App  Zip 32608 USA 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  JACKMAN, KENNETH L 19990 SW 71ST PLACE  DUNNELLON, FL 34431 Street Address (P.O. Box Number is Not Acceptable)  City Gainesville FL Zip Code 32600  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 a the obligations of registered agent.  SIGNATURE Systume, held or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when refrestating)  Pfilling Fee is \$61.25 P. Selection Campaign Financing S5.00 May Be Added to Fees Reaction of State of Florida Department of State  | 1919 SW 63 AVE.  | 1989 SW 1                         | 63 Ave.   | 04112004 Chg-NP                 | CR2E037 (10/03)  |                              |  |
| Signature   Sign  |  | City & State Gaines ville         | . FL  |                                 | <del></del>  | pplied For<br>ot Applicable  |  |
| 3. Name and Address of Current Registered Agent  JACKMAN, KENNETH L 19990 SW 71ST PLACE DUNNELLON, FL 34431  City Gainesville  Street Address (P.O. Box Number is Not Acceptable)  City Gainesville  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. Lam familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, tybulor printed name of registered agent and still it applicable.  Signature, tybulor printed name of registered agent and still it applicable.  Pliling Fee is \$61.25  9. Election Campaign Financing Due by May 1, 2004  Make check payable to Florida Department of State  | Zip Country  | Zip                               | Country   | 5. Certificate of Status De     | sired  | ditional                     |  |
| JACKMAN, KENNETH L 19990 SW 71ST PLACE DUNNELLON, FL 34431  City Gainesville  City Gainesville  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 a the obligations of registered agent.  SIGNATURE  Signature, Nool or prized name of registered agent, and stell if applicable.  (NOTE Registered Agent signature required when refistating)  Part Survey  (NOTE Registered Agent signature required when refistating)  Make check payable to Florida Department of State  | 6. Name and Address of Current   | Registered Agent                  |   |                                 | ,  |                              |  |
| DUNNELLON, FL 34431  City Gainesville FL Zip Code 3 2608  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 a the obligations of registered agent.  SIGNATURE Signature, higher or printed name of registered agent and stile if applicable.  NOTE: Registered Agent signature required when registating)  PAIR SLA AVE:  Zip Code 3 2608  3 2608  Signature, higher or printed name of registered agent and stile if applicable.  NOTE: Registered Agent signature required when registating)  PAIR Make check payable to Florida Department of State  |  | ,                                 | 34  |                                 | Control of the contro |                              |  |
| 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 a the obligations of registered agent.  SIGNATURE  Signature, hybrid or printed name of resphered agent and talle if applicable.  Filling Fee is \$61.25  9. Election Campaign Financing Due by May 1, 2004  Make check payable to Florida Department of State  |  |                                   | Street Address (  |                                 | (P.O. Box Number is Not Acceptable)  2 S(W) 6.3 AVE:   |                              |  |
| 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 a the obligations of registered agent.  SIGNATURE  Signature, hybrid or printed name of resphered agent and talle if applicable.  Filling Fee is \$61.25  9. Election Campaign Financing Due by May 1, 2004  Make check payable to Florida Department of State  |  |                                   | City Ca   | nocuille                        | FI Zip Coo   | ie o                         |  |
| SIGNATURE  Signature, Med or printed name of regulared agent and site if applicable.  Signature, Med or printed name of regulared agent and site if applicable.  Signature required when refistating)  State  Plifting Fee is \$61.25  Due by May 1, 2004  Signature required when refistating)  State  Make check payable to Florida Department of State   | The above named entity submits this statement for  | r the purpose of changing its reg | gistered office or regist   | ered agent, or both, in the Sta | 2 ر ا  | and accept                   |  |
| Due by May 1, 2004 Trust Fund Contribution. LI Added to Fees Florida Department of State  | IGNATURE Signature, referd or privated name of regulared agent a   | 9. Election Campa                 | agestered Agent signature requirements  aign Financing  | ed when relistating)            | DATE V   | wy ·                         |  |
|   |  |                                   |   |                                 |  |                              |  |
| Abbitiono/or Available of the City State of the |  |                                   |   | ADDITIONS/CHANGES TO            |  |                              |  |
| NAME BARRIGER, DAVID NAME STREET ADDRESS 1177 WILDWOOD STREET STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP   | DADDIOTO DAVID   |                                   |   |                                 |  | 1 I Addition                 |  |
|   | REET ADDRESS 1177 WILDWOOD STREET  |                                   | STREET ADDRESS  |                                 |  | Addition .                   |  |
| STREET ADDRESS 19990 S.W. 71ST PLACE STREET ADDRESS   | REET ADDRESS 1177 WILDWOOD STREET APOPKA, FL 32703  LE SD  | <b>X</b> Delete                   | STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE  |                                 | ☐ Change   | Addition                     |  |
| CITY-ST-ZIP DUNNELLON, FL 34431 CITY-ST-ZIP   | REET ADDRESS 1177 WILDWOOD STREET APOPKA, FL 32703  The SD MERKT, JUDITH A   | Delete                            | STREET ADDRESS CIFY-ST-ZIP TITLE NAME   |                                 | ☐ Change   | ,                            |  |
| TITLE TDC SCURRAY Delete TITLE Change DA  | REET ADDRESS 1177 WILDWOOD STREET APOPKA, FL 32703  TLE SD MERKT, JUDITH A REET ADDRESS 19990 S.W. 71ST PLACE TY-ST-ZIP DUNNELLON, FL 34431  |                                   | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |                                 | ☐ Change   | ,                            |  |
| STREET ADDRESS 1919 S.W. 63 AVENUE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608   | REET ADDRESS 1177 WILDWOOD STREET APOPKA, FL 32703  TLE SD MERKT, JUDITH A REET ADDRESS 19990 S.W. 71ST PLACE DUNNELLON, FL 34431  TLE TDC SWADOV  | Delete                            | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | -                               |  | ,                            |  |
| ITTLE Delete TITLE SD Change MAN  NAME Holly Albright  STREET ADDRESS 1391 Chelsea Dr.  | REET ADDRESS 1177 WILDWOOD STREET APOPKA, FL 32703  TLE SD MERKT, JUDITH A REET ADDRESS 19990 S.W. 71ST PLACE DUNNELLON, FL 34431  TLE TDC SEUDDER, SYLVIA REET ADDRESS 1919 S.W. 63 AVENUE  |                                   | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |                                 |  | ☐ Addition                   |  |
| Taryon Springs, FL 3460   | REET ADDRESS 1177 WILDWOOD STREET APOPKA, FL 32703  THE SD MERKT, JUDITH A 19990 S.W. 71ST PLACE DUNNELLON, FL 34431  THE SEUDDER, SYLVIA REET ADDRESS 1919 S.W. 63 AVENUE GAINESVILLE, FL 32608  THE ME REET ADDRESS  | ☐ Delete                          | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 13         | olly Albright 91 Chelsea D      | ☐ Change   | ☐ Addition                   |  |
| NAME STREET ADDRESS CITY-ST-ZIP CTANGE CITY-ST-ZIP CTANGE CITY-ST-ZIP CTANGE CITY-ST-ZIP CTANGE CITY-ST-ZIP   | REET ADDRESS TY-ST-ZIP  APOPKA, FL 32703  APOPKA | ☐ Delete                          | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP | olly Albright<br>91 Chelsea D   | ☐ Change ☐ Change ☐ Change ☐ Change  | Addition  Addition  Addition |  |
| TITLE Delete TITLE Change A  NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | REET ADDRESS TY-ST-ZIP APOPKA, FL 32703  RE ME   | ☐ Delete                          | STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | olly Albright 91 Chelsea D      | ☐ Change   | Addition  Addition           |  |