

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2004
Secretary of State**

DOCUMENT# N02000006348

Entity Name: L.C. CALLAHAN ENRICHMENT CENTER, CORP

Current Principal Place of Business:

P.O. BOX 26215
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26215
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 56-2289425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, DELORES
12637 BISCAYNE LAKE DRIVE
JACKSONVILLE, FL 32218

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: P () Delete
Name: CALLAHAN, DELORES
Address: P.O. BOX 26215
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: CALLAHAN, CARLOS
Address: P.O. BOX 26215
City-St-Zip: JACKSONVILLE, FL 32226

Title: T () Delete
Name: MARSHALL, TREVA
Address: 2760 CYPRESS HEAD TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: GIVENS, CHARLES
Address: 2052 NORTH EAST AVENUE
City-St-Zip: BALTIMORE, MD 21227

Title: T () Delete
Name: CARTER, JONATHON
Address: 4497 ADAM COURT
City-St-Zip: REX, GA 30273

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: DELORES CALLAHAN

P

03/22/2004

Electronic Signature of Signing Officer or Director

Date