2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006638

FILED Apr 28, 2004 Secretary of State

Entity Name: THE SOUTHERN MOVEMENT FOR INDEPENDENCE, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 38550

TALLAHASSEE, FL 323158550

Current Mailing Address: New Mailing Address:

PO BOX 38550

TALLAHASSEE, FL 323158550

FEI Number: 56-2299180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WILSON, LESLIE 9890 DEERLAKE EAST SUITE 1 TALLAHASSEE, FL 32312 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SETTEREHITE, JOHN

Address: 12202 N 22ND STREET APT 414

City-St-Zip: TAMPA, FL 33612

 Title:
 V
 () Delete

 Name:
 RACIERMERGER, TRACY

 Address:
 988 STONEWOOD LANE

 City-St-Zip:
 MAITLAND, FL 32751

Title: T () Delete Name: SHELDIN, MARTHA

Address: 8015 SW 107TH AVE APT 102

City-St-Zip: MIAMI, FL 33173

Title: S (X) Delete
Name: LEIBOWITZ, JOSHUA

 Name:
 LEIBOWITZ, JOSHUA

 Address:
 21150 95TH AVE S #205

 City-St-Zip:
 BOCA RATON, FL 33428

Title: P (X) Change () Addition

Name: SATTERWHITE, JOHN

Address: 12202 N 22ND STREET APT 414

City-St-Zip: TAMPA, FL 33612

Title: V (X) Change () Addition
Name: RACKENSPERGER, TRACY
Address: 988 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: T/S (X) Change () Addition Name: SHELDON, MARTHA

Address: 8015 SW 107TH AVE APT 102

City-St-Zip: MIAMI, FL 33173

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: JOHN SATTERWHITE P 04/28/2004