



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90121 041 ****61.25

DOCUMENT # N02000006638					
1. Entity Name THE SOUTHERN MOVEMENT FOR INDEPENDENCE, INC.					
Principal Place of Business 7951 SOUTHGATE BLVD. UNIT F-2 NORTH LAUDERDALE, FL 33068			Mailing Address 7951 SOUTHGATE BLVD. UNIT F-2 NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business 2473 Care Drive Suite, Apt. #, etc. Suite 2 City & State Tallahassee, FL Zip 32308 Country US		3. Mailing Address 2473 Care Drive Suite, Apt. #, etc. Suite 2 City & State Tallahassee, FL Zip 32308 Country US			
4. FEI Number 56-2299180				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04222005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent PAYNE, DENISE M 7951 SOUTHGATE BLVD. UNIT F-2 NORTH LAUDERDALE, FL 33068			7. Name and Address of New Registered Agent Name <u>Ronald N. Mason, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2473 Care Drive</u> <u>Suite 2</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32308</u>		
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 <u>Ron Mason Jr.</u> <u>5-2-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SATTERWHITE, JOHN 12202 N 22ND STREET APT 414 TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RACKENSPERGER, TRACY 988 STONEWOOD LANE MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S SHELDON, MARTHA 8015 SW 107TH AVE APT 102 MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	attached sheet	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	for additions	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-2-05</u>		Daytime Phone # <u>(850) 386-644</u>

ATTACHMENT

40080910

THE SOUTHERN MOVEMENT FOR INDEPENDENCE, INC.
DOCUMENT #N02000006638

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIR
DRUMMOND, CHRIS
960 ALBERTA STREET
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/DIR
LEIBOWITZ, JOSHUA
9757 ARBOR OAKS LN
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/DIR
LEIGH, KATHY
702 CYPRESS STREET
STARKE, FL 32091

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIR
NORRIS, CINDY
1115 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIR
STANLEY, PATRICK
3405 WILLIAMS ROAD
DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIR
VALDES, IDELIO
10247 SW 24TH ST, APT D-476
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIR
JENKINS, ARIZONA
1017 EAST 24TH AVENUE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIR
ROGERS, KAREN
394 CLEMSON DRIVE
ALTAMONTE SPRINGS, FL 32714