

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N02000006642</b>					
<b>1. Entity Name</b> THE OLD PALM HARBOR PARTNERSHIP II, INC. Reba Sutton White Chapel, Inc.					
<b>Principal Place of Business</b> P O BOX 898 PALM HARBOR, FL 34682			<b>Mailing Address</b> P O BOX 898 PALM HARBOR, FL 34682		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082004    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 35-2186491	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BLENNER, WALTER W 2708 ALT 10 N STE 701 PALM HARBOR, FL 34683			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</b>		
<b>TITLE</b> PD	<b>NAME</b> NURT, DON T	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HURT, Don T. 1210 Nebraska Ave Palm Harbor, FL 34683
<b>STREET ADDRESS</b> 1210 NEBRASKA	PALM HARBOR, FL 34683		<b>TITLE</b> President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	WARMOUTH, RACHELLE 63 Eagle Lane Palm Harbor, FL 34683
<b>CITY-ST-ZIP</b> PALM HARBOR, FL 34683			<b>STREET ADDRESS</b> 63 EAGLE LANE	PALM HARBOR, FL 34683	
<b>TITLE</b> SD	<b>NAME</b> MATTHEWS, ALDEN	<input type="checkbox"/> Delete	100030952381 03/23/04--0118--DUB **\$61.25		
<b>STREET ADDRESS</b> 1324 MICHIGAN	PALM HARBOR, FL 34683		<b>TITLE</b> Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SHEILA PRIEST 2706 Alt 19 N # 270 Palm Harbor, FL 34683
<b>CITY-ST-ZIP</b> PALM HARBOR, FL 34683			<b>STREET ADDRESS</b> 1114B FLORIDA AVE.	PALM HARBOR, FL 34683	
<b>TITLE</b> TD	<b>NAME</b> FREIDINEER, TED	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	LESLEY KLINE 1219 Florida Ave Palm Harbor, FL 34683
<b>STREET ADDRESS</b> 	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sheila Priest</i>			Sheila J. Priest Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/8/04    727-787-4223 <small>Date    Daytime Phone #</small>		