2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004
Secretary of State

DOCUMENT# N02000007677

Entity Name: COUGAR RIDGE CENTER, INC.

Current Principal Place of Business:

2547 WAYSIDE FARM RD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

2547 WAYSIDE FARM RD
HAVANA, FL 32333

New Mailing Address:

FEI Number: 82-0572935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, GLORIA
2547 WAYSIDE FARM RD
HAVANA, FL 32333 US

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:	D	( ) Delete
Name:	GUZZO, GARY A	
Address:	1320 GOLF TERR DR	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	GALLOWAY, CLYDE W	
Address:	2547 WAYSIDE FARM RD	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	MEEHAN, DAVID	
Address:	2547 WAYSIDE FARM RD	
City-St-Zip:	HAVANA, FL 32333	
Title:	PD	( ) Delete
Name:	JOHNSON, GLORIA N	
Address:	2547 WAYSIDE FARM RD	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	( ) Delete
Name:	JOHNSON, JON	
Address:	ST FRANCIS WILDLIFE ROUTE 159	
City-St-Zip:	HAVANA, FL 32333	

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: GLORIA JOHNSON PRES 07/27/2004

Electronic Signature of Signing Officer or Director — Date