

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008046

FILED
May 14, 2005
Secretary of State

Entity Name: SUCCESS BUILDERS, INCORPORATED

Current Principal Place of Business:

1400 DUNN AVENUE
SUITE 13
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1400 DUNN AVENUE
SUITE 13
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 04-3717876 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROKEMOND, LOLA C
1440 DUNN AVENUE
SUITE 13
JACKSONVILLE, FL 32218 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:

Title: OD () Delete
Name: BROKEMOND, LOLA C
Address: 228 MULBERRY STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: HARDAWAY, ROSE
Address: 4233 WEST 19TH PLACE
City-St-Zip: GARY, IN 46404

Title: S () Delete
Name: RILEY, YVONNE
Address: 7154 MATTHEW STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MOORE, GENEVA C
Address: 224 HIGHLAND AVENUE
City-St-Zip: MADISON, WI 53705

Title: D () Delete
Name: CASS, MILLER
Address: 1650 NO. CALIFORNIA AVE
City-St-Zip: CHICAGO, IL 60647

Title: D () Delete
Name: HALL, CYNTHIA A
Address: 105 DOUGLAS STREET
City-St-Zip: HOMASSASA SPRINGS, FL 36444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HARDAWAY, ROSE
Address: 12565 ANGEL LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASS, MILLER
Address: 8100 ST. LAWRENCE AVENUE
City-St-Zip: CHICAGO, IL 60619

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: LOLA C. BROKEMOND

PD

05/14/2005

Electronic Signature of Signing Officer or Director

Date