


**2004 ~~NOT~~-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000008186		
1. Entity Name SEMINOLE SEABIRDS, EAA ULTRALIGHT CHAPTER #120, INC.		
Principal Place of Business 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785	Mailing Address 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785	

**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 16-1636111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  COHEN, STEVEN B 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHEN, STEVEN B 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POINDEXTER, NORM 8100 35TH AVENUE N. ST. PETERSBURG, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARRETTO, RON 6710 121ST STREET SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCLINTOCK-ARCHER, DEOBRAH 11411 101 STREET N. SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/23/04-80004-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steven B. Cohen Date: 2/17/04 Daytime Phone #: 727-656-1833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN B. COHEN