

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008633

FILED
Apr 09, 2004
Secretary of State**Entity Name:** FLORIDA THIRD GENERATION F BODIES, INC.**Current Principal Place of Business:**2961 NE 37TH PLACE
OCALA, FL 34479**New Principal Place of Business:****Current Mailing Address:**2961 NE 37TH PLACE
OCALA, FL 34479**New Mailing Address:****FEI Number:** 14-1854990 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOWERS, NATHAN D
2961 NE 37TH PLACE
OCALA, FL 34479 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:** P () Delete
Name: BOWERS, NATHAN
Address: 2961 NE 37TH PLACE
City-St-Zip: Ocala, FL 34479**Title:** VPD () Delete
Name: HELMSIN, ERIK
Address: 4714 NW 30TH AVE
City-St-Zip: GAINESVILLE, FL 32606**Title:** VPD () Delete
Name: HINTON, ROBERT J
Address: 408 CRABTREE AVE
City-St-Zip: ORLANDO, FL 32835**Title:** D () Delete
Name: LEE, DEBORAH J
Address: 2961 NE 37TH PLACE
City-St-Zip: Ocala, FL 34429**Title:** () Delete
Name: _____
Address: _____
City-St-Zip: _____**Title:** () Delete
Name: _____
Address: _____
City-St-Zip: _____**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: BOWERS, NATHAN D
Address: 2961 NE 37TH PLACE
City-St-Zip: Ocala, FL 34479**Title:** VPD (X) Change () Addition
Name: HELMSIN, ERIK
Address: 892 PUTTERS GREEN WAY
City-St-Zip: JACKSONVILLE, FL 32259**Title:** VP (X) Change () Addition
Name: HINTON, ROBERT J
Address: 408 CRABTREE AVE
City-St-Zip: ORLANDO, FL 32835**Title:** () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____**Title:** D () Change (X) Addition
Name: MUSSUNG, BRIAN
Address: 4714 NW 30TH AVE
City-St-Zip: GAINESVILLE, FL 32606**Title:** D () Change (X) Addition
Name: SCOTT, DALLAS L
Address: 4109 CANNON CT
City-St-Zip: KISSIMMEE, FL 34746

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: NATHAN D. BOWERS

P

04/09/2004

Electronic Signature of Signing Officer or Director_____
Date