

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009713

FILED
Aug 23, 2004
Secretary of State**Entity Name:** FATHERS SUPPORTING FATHERS (FSF) WITH A VISION INC.**Current Principal Place of Business:**1425 NORTH ORANGE BLOSSOM TR
APOPKA, FL 32712**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1374
ZELLWOOD, FL 32798**New Mailing Address:****FEI Number:** 65-1164977**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REYNOLDS, RODNEY V
2248 OKADA COURT
ORLANDO, FL 32818 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:** PD () Delete
Name: REYNOLDS, RODNEY V
Address: 2248 OKADA CT
City-St-Zip: ORLANDO, FL 32818**Title:** VD () Delete
Name: GORDON, JULIUS B
Address: 10 WEST HAMMON DR
City-St-Zip: APOPKA, FL 32703**Title:** SD () Delete
Name: REYNOLDS, MICHAEL G
Address: 3710 NORTH 441
City-St-Zip: ZELLWOOD, FL 32798**Title:** TD () Delete
Name: NEVINS, ROBERT
Address: 235 EAST 13TH STREET
City-St-Zip: APOPKA, FL 32703**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:

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: RODNEY V. REYNOLDS

PD

08/23/2004

Electronic Signature of Signing Officer or Director

Date