2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02021

FILED Jan 15, 2004 Secretary of State

Entity Name: FLORIDA MINERALS AND CHEMISTRY COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business: C/O NANCY D. STEPHENS 1311 EXECUTIVE CENTER DRIVE, SUITE 225 TALLAHASSEE, FL 32301 **New Mailing Address: Current Mailing Address:** C/O NANCY D. STEPHENS 1311 EXECUTIVE CENTER DRIVE, SUITE 225 TALLAHASSEE, FL 32301 FEI Number: 59-2422852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEPHENS, NANCY D. 1311 EXECUTIVE CENTER DRIVE SUITE 225 TALLAHASSEE, FL 32301 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CRAWFORD, BILL EMERT, DON Name: Name: 5005 STERLING WAY Address: 4575 HWY. 90 EAST Address: City-St-Zip: PACE, FL 32571 City-St-Zip: PACE, FL 32571 Title: Title: () Delete () Change () Addition POSEY, STAN Name: Name: Address: P. O. BOX 300 Address: City-St-Zip: WHITE SPRINGS, FL 32096 City-St-Zip: Title: () Delete Title: (X) Change () Addition FOX, ROBERT W Name: BATTS, MIKE Name: 3012 HWY 301N #700 Address: Address: 2916 EAST PARK AVENUE City-St-Zip: TAMPA, FL 33619 City-St-Zip: TALLAHASSEE, FL 30301 Title: () Delete Title: () Change () Addition NICHOLS, SHEILA Name: Name: Address: P. O. BOX 97 Address: City-St-Zip: GONZALEZ, FL 325600097 City-St-Zip: Title: () Delete Title: () Change () Addition FRAIN, RICK Name: Name: PO BOX 550850 Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: (X) Change () Addition HALIK, DAVID M MIHALIK, DAVID M Name: Name: Address: 1101 N. MADISON ST. Address: 1101 N. MADISON ST. QUINCY, FL 32352 QUINCY, FL 32352 City-St-Zip: 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: MIKE BATTS ST 01/15/2004