
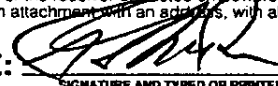


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90012 001 \*\*\*\*61.25

<b>DOCUMENT # N03000001120</b> 1. Entity Name <b>NORTH LAKE JESUP COMMUNITY, INC.</b>																																																																																																																													
Principal Place of Business <b>2030 PALM WAY SANFORD FL 32773</b>			Mailing Address <b>2030 PALM WAY SANFORD FL 32773</b>																																																																																																																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 950161</b>  Suite, Apt. #, etc.																																																																																																																											
City & State  <b>LAKE MARY FL</b>		4. FEI Number <b>51-0441080</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
Zip <b>32795</b>	Country	Zip <b>32795</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>BURR, T. SHEPARD 2030 PALM WAY SANFORD FL 32773</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																										
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																													
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make Check Payable to Florida Department of State</b>																																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.																																																																																																																													
<b>SIGNATURE:</b>  <b>T. SHEPARD BURR TREASURER</b> 1/22/04 407 330 2877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													