

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

DOCUMENT# N03000001794

**FILED**  
**Mar 30, 2004**  
**Secretary of State****Entity Name:** PINE CASTLE SAFE COMMUNITIES, INC.**Current Principal Place of Business:**PINE CASTLE WOMAN'S CLUB  
P.O. BOX 593906  
ORLANDO, FL 32859 US**New Principal Place of Business:**PINE CASTLE WOMAN'S CLUB  
5901 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US**Current Mailing Address:**PINE CASTLE WOMAN'S CLUB  
P.O. BOX 593906  
ORLANDO, FL 32859 US**New Mailing Address:**PINE CASTLE SAFE COMMUNITIES, INC.  
P.O. BOX 593906  
ORLANDO, FL 32859 US**FEI Number:** 43-2022103**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RICE, JO'AN  
1403 EVANGELINE AVENUE  
ORLANDO, FL 32809 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:** RICE, JO'AN  
**Address:** 1403 EVANGELINE AVENUE  
**City-St-Zip:** ORLANDO, FL 32809 US**Title:** VP1 ( ) Delete  
**Name:** MACFARLANE, ART  
**Address:** 403 DECLARATION DRIVE  
**City-St-Zip:** ORLANDO, FL 32809 US**Title:** VP2 ( ) Delete  
**Name:** BRONNER, MAPLE  
**Address:** 1220 EVLANGELINE AVENUE  
**City-St-Zip:** ORLANDO, FL 32809 US**Title:** TR ( ) Delete  
**Name:** MCCONNELL, JUANITA  
**Address:** 1210 PLATO AVENUE  
**City-St-Zip:** ORLANDO, FL 32809 US**Title:** SEC ( ) Delete  
**Name:** SCHUMANN, JUNE  
**Address:** 717 PADGETT COURT  
**City-St-Zip:** ORLANDO, FL 32809 US**Title:** PAR ( ) Delete  
**Name:** SMITH, WADE  
**Address:** 1302 FORESTER AVENUE  
**City-St-Zip:** ORLANDO, FL 32809 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP2 (X) Change ( ) Addition  
**Name:** TOYE, MARIE  
**Address:** 1118 WILKES AVENUE  
**City-St-Zip:** ORLANDO, FL 32809 US**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: JUANITA MCCONNELL

TR

03/30/2004

Electronic Signature of Signing Officer or Director

Date