2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2004
Secretary of State

DOCUMENT# N03000002299

Entity Name: KAHIRUP ASSOCIATION OF CENTRAL FLORIDA, INC.**********

Current Principal Place of Business:

4420 WITHROWWOOD COURT
ORLANDO, FL 32877

New Principal Place of Business:

Current Mailing Address:

PO BOX 771604
ORLANDO, FL 32877

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTALLANA, ELSA
4420 WITHROWWOOD COURT
ORLANDO, FL 32837 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:	MONTALLANA, ELSA	
Address:	4420 WITHROWWOOD COURT	
City-St-Zip:	ORLANDO, FL 32837	
Title:	VD	( ) Delete
Name:	SIMMONS, ROSE	
Address:	2101 HICKORY WOOD COURT	
City-St-Zip:	ST. CLOUD, FL 34772	
Title:	STD	( ) Delete
Name:	ALBINO, MAISIE	
Address:	2756 MUSCATELLO STREET	
City-St-Zip:	ORLANDO, FL 32837	
Title:	DPRO	( ) Delete
Name:	SILGUERA, ELPIDIO	
Address:	2447 QUAIL RUN BLVD.	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	DAUD	( ) Delete
Name:	MONTALLANA, VICTOR	
Address:	4420 WITHROWWOOD COURT	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	ALBINO, FILOTEO	
Address:	2756 MUSATELLO COURT	
City-St-Zip:	ORLANDO, FL 32837	

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:	
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: ELSA MONTALLANA PD 02/15/2004

Electronic Signature of Signing Officer or Director — Date