


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

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000002970</b>					
<b>1. Entity Name</b> BRASS BASKET YOUTH LEARNING CENTER,, INC.					
<b>Principal Place of Business</b> 17200 HIGHWAY 450-A UMATILLA FL 32784			<b>Mailing Address</b> 17102 BALLPARK ROAD UMATILLA FL 32784		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BONDS, QUENELL 17102 BALLPARK ROAD UMATILLA FL 32784			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PTD	<b>NAME</b> BONDS, QUENELL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 17102 BALLPARK ROAD					
<b>CITY- ST- ZIP</b> UMATILLA FL 32784					
<b>TITLE</b> VD	<b>NAME</b> DUKES, ANDREW		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 215 LUCILLE WAY					
<b>CITY- ST- ZIP</b> ORLANDO FL 32835					
<b>TITLE</b> SD	<b>NAME</b> HILTON-BABB, ERNESTINE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 633 FENTON PLACE, BRENTWOOD PARK APT.					
<b>CITY- ST- ZIP</b> ALTAMONTE SPRINGS FL 32701					
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 					
<b>CITY- ST- ZIP</b> 					
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 					
<b>CITY- ST- ZIP</b> 					
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 					
<b>CITY- ST- ZIP</b> 					
<b>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>					
<b>SIGNATURE:</b> <i>Quenell Bonds</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 02-04-04 326696925					