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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90068 045 \*\*\*\*61.25 DOCUMENT.#:N03000003041 ST, JOSEPH'S CHILDREN INC. Principal Place of Business Mailing Address 14002456 4114 HOLLEY LANE 4114 HOLLEY LANE PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4 FELNumber 56-2340371 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name // Street Address (P.O. Box Number is Not Acceptable) Buther BUTLER, RANDY 10358 HWY 71 WEWAHITCHKA, FL 32465 Zip Code 32404 Chame 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/ Uma SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition Delete TITLE TITLE Mandy Butler BUTLER, RANDY NAME NAME 4114 Holly lane STREET ADDRESS :10358 HWY:71 STREET ADDRESS WEWAHITCHKA, FL 32465 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change CARR, LYNN NAME NAME STREET ADDRESS 204 GAUTIER MEMORIAL LN STREET ADDRESS CITY-ST-ZIP PORT ST JOE, FL 32456 CITY-ST-ZIP TITLE -ettinge Delete ☐ Addition TITLE Neva Butler BUTLER, NEVA NAME NAME 4114 Holly lane STREET ADDRESS 10358 HWY 71 STREET ADDRESS WEWAHITCHKA, FL 32465 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation of the receiver or trustee employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the receiver or an attachment with an address, with all other like empowered.

SIGNATURE: \_