

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

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90984 037 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000004002 1. Entity Name: USA MUSCULAR THERAPY CHARITIES, INC.					
Principal Place of Business 2126 WOODBRIDGE RD. LONGWOOD FL 32779			Mailing Address PO BOX 162571 ALTAMONTE SPRINGS FL 32716		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 57-1180317	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MACLEOD, JOSHUA 2126 WOODBRIDGE RD. LONGWOOD FL 32779				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;"> FL Zip Code </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 <u><i>Dana G. Frye</i></u> <u><i>Fundraising Manager</i></u> <u><i>4/22/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACLEOD, JOSHUA 2126 WOODBRIDGE RD. LONGWOOD FL 32779 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Fundraising manager Dana G. Frye 988 Spring Valley Loop Lake Mary, FL 32746 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULT, SUSAN DR. P.O. BOX 2524 SANFORD FL 32771 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CATRON, DAVID A 507 SAND WEDGE LOOP APOPKA FL 32712 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u><i>4-22-04</i></u> Daytime Phone #: <u><i>407-321-9291</i></u>		