2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2004
Secretary of State

DOCUMENT# N03000004331

Entity Name: TREASURE ISLAND CITIZENS FOR RESPONSIBLE PROGRESS, INC.

Current Principal Place of Business:

12415 GULF BLVD.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

12415 GULF BLVD.
TREASURE ISLAND, FL 33706

New Mailing Address:

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

Name and Address of Current Registered Agent:

PFEIFFER, EARL
12415 GULF BLVD.
TREASURE ISLAND, FL 33706 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: D ( ) Delete
Name: PFEIFFER, EARL
Address: 12415 GULF BLVD.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete
Name: WEINREICH, CHARLES
Address: 11165 7TH ST. EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete
Name: COX, OLIVIA
Address: 31 DOLPHIN DR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PFEIFFER, EARL
Address: 12415 GULF BLVD.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: COX, OLIVIA
Address: 31 DOLPHIN DR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Change (X) Addition
Name: EHLY, GERRY
Address: 810 116TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: S ( ) Change (X) Addition
Name: DAUGHTRY, MARY C
Address: PO BOX 9500
City-St-Zip: TREASURE ISLAND, FL 33706

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: EARL ALLEN PFEIFFER VP 04/10/2004
Electronic Signature of Signing Officer or Director — Date