

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90017 006 ****61.25

DOCUMENT # N03000004483

1. Entity Name
DYNAMIC WORKS INSTITUTE, INC.



Principal Place of Business
**597 HAVERTY COURT STE 40
ROCKLEDGE, FL 32955**

Mailing Address
**597 HAVERTY COURT STE 40
ROCKLEDGE, FL 32955**

24037695



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

20-0059098

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTH, LINDA H
597 HAVERTY COURT STE 40
ROCKLEDGE, FL 32955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS **Linda H South**
CITY-ST-ZIP **597 Haverty Ct Ste 40
Rockledge, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D,T**
STREET ADDRESS **Doug Barclay**
CITY-ST-ZIP **597 Haverty Ct Ste 40
Rockledge FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **Doug Mead**
CITY-ST-ZIP **597 Haverty Ct Ste 40
Rockledge FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **Julie Story**
CITY-ST-ZIP **597 Haverty Ct Ste 40
Rockledge FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **S**
STREET ADDRESS **Shannon Akins**
CITY-ST-ZIP **597 Haverty Ct Ste 40
Rockledge FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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: Linda H South **321-**
Linda H South, President 3-24-04 594-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone