


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90009 047 ****70.00

DOCUMENT # N03000004533	
1. Entity Name W. P. HUMPHREY CLUB, INC.	

Principal Place of Business 236 E. JEFFERSON STREET QUINCY, FL 32351	Mailing Address P.O. BOX 10 GRETNA, FL 32332
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07022004 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1428234		Applied For
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Not Applicable
		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
WATSON, STERLING L 236 E. JEFFERSON STREET QUINCY, FL 32351		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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by September 8, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	JOHNSON, W.A.	1839 BASSETT ROAD QUINCY, FL 32351	<input type="checkbox"/> Delete			
	D	WATSON, STERLING L	236 E. JEFFERSON STREET QUINCY, FL 32351	<input type="checkbox"/> Delete			
	D	WATSON, ARCHIBALD, W. JR.	620 CHURCH STREET GRETNA, FL 32332	<input type="checkbox"/> Delete			
	D	SUBER, W. HARVEY	216 TALQUIN AVENUE QUINCY, FL 32351	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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:  **7/29/04** **850-627-9164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #