2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # N03000004579 ORGANIZATION, INC.)				05-07-2004 90133	3 0 31 **** 70	.00
Principal Plac 5979 WINEG ORLANDO, F	ARD RD., APT. C 59	ling Address 179 WINEGARD RD., AP RLANDO, FL 32809	 Т. С				5405	3420
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2. Principal Place of Business 3. M		J. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092004	Chg-NP CR2	E037 (10/03)	
City & Stat	е	City & State			4. FEI Number 42 —	1600764		plied For t Applicable
Zip	Country	Zip 、	Country		5. Certificate of	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current Registe	ered Agent	<u> </u>		7. Name and Ad	Idress of New Register		
· — · · · —	Transfer to the second of the		- Name					
	GONG EGARD RD., APT. C), FL :32809		Street A	Address (I	P.O. Box Number i	s Not Acceptable)		
			City				Zip Code	3
	named entity submits this statement for the puions of registered agent.	irpose of changing its re	gistered office o	r register	ed agent, or both,	n the State of Florida. I	am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)	DA	TE	
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campa Trust Fund Con					\$5.00 May Be Added to Fees	reconstruction and the second and th	neck payable to partment of Si	e nyeyen elektriya karaktarik ka
10.	OFFICERS AND DIRECTO	RS	11.		DDITIONS/CHAN	GES TO OFFICERS AND	DIRECTORS IN	10
TITLE , NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	€M 1694	CE PREMANUEL 48 LAXTO	SIDENT AMOKO HENR N STREET	☐ Change	⊠ Addition
CITY-ST-ZIP			CITY-ST-ZIP	ORL	ANDO, FL	, 32824		
TITLE NAME		☐ Delete	TITLE NAME	LAI	RECTOR TONIETTA	JIRIBI	☐ Change	Addition
STREET ADDRESS			STREET ADDRESS	10	948 LAX	TON ST.		•
CITY-ST-ZIP			CITY-ST-ZIP		MDO, PL.	31824		
TITLE NAME		☐ Delete	TITLE NAME	TH	DMAS L.	HENRY	☐ Change	Addition
CallY-SI-ZIP		·····	STREET ADDRESS CITY-ST-ZIP	1 10	A 110 1 1 1 2	10 M 21		
TITLE				004	<u> </u>	220211		
NAME		Delete		ORL	MNOU PL	32824	F7 0	1
CIDELL TUDDESC		☐ Delete	TITLE NAME	ORLINE	ORMATION	32824 SECRETMY	☐ Change	1 Addition
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	ORLINE INF	MNDU PL ORMATION 16K ANGAR 2 Rednan	32824 SECRETARY CA Street W.C	☐ Change	<i>t</i> Addition
CITY-ST-ZIP			TITLE NAME	MAT 1140 Orla	ormation lok ANGAO rednan	32824 SECRETMY CA Street WC 32839	☐ Change	<i>i</i> ∡Addition
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MATINGONO PUBL	ormation lok angai rednan noto fl, i c relati	32824 SECRETARY CA Street &C 32839 DNS	☐ Change	Addition
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MATING OND	MNDU FL ORMATION JOK ANGAI REDMAN LIGO FL, IC RELATI MINIC KAI	32824 SECRETARY CA Street &C 32839 DNS		
CITY-ST-ZIP TITLE NAME			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MATINA 1140 Orla Publ Bo	MNDU FL ORMATION JOK ANGAI 2 REDMAN LOCO FL, IC RELATI MINIC KAI 19 WINE GO	32824 SECRETARY CA Street &C 32839 DNS L The Rd & C		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATING OND PUBLISHED S9=	MNDU FL ORMATION JOK ANGAI REDMAN LIC FL, IC RELATI MINIC KAI 19 WINE GO NOO FL	32824 SECRETARY CA Street &C 32839 DNS	☐ Change	S Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLINE MATI ORG PULL DO S9 OF IG MANN	MNDU FL ORMATION JOK ANGAI 2 REDMAN IC RELATI IC RELATI MINIC KAI 19 WINE GO NOO FL 19 BIERY	32824 SECRETMY CA Street &C 32839 DNS L The Rd &C 32809	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLINATION OF IARI	MNDU FL ORMATION JOK ANGAI 2 REDMAN IC RELATI MINIC KAI 19 WINE GO NO FL L BIERY 7 UNIVER	32824 SECRETARY CA Street &C 32839 DNS L The Rd & C	☐ Change☐ Change	S Addition

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 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:

F SIGNING OFFICER OF DIRECTOR AGUETY 130/6() 4072346539