

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005885

FILED
Apr 25, 2004
Secretary of State**Entity Name:** MAKE YOUR VOTE COUNT, INC.**Current Principal Place of Business:**206 TANGERINE DR
SANFORD, FL 32771**New Principal Place of Business:****Current Mailing Address:**206 TANGERINE DR
SANFORD, FL 32771**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LUCAS, ALAN W
206 TANGERINE DR
SANFORD, FL 32771**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: LUCAS, JUNE P
Address: 206 TANGERINE DR
City-St-Zip: SANFORD, FL 32771**Title:** D () Delete
Name: LUCAS, ALAN W
Address: 206 TANGERINE DR
City-St-Zip: SANFORD, FL 32771**Title:** D () Delete
Name: COX, DANIEL
Address: P.O.BOX 952107
City-St-Zip: LAKE MARY, FL 32746**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JUNE P. LUCAS

D

04/25/2004

Electronic Signature of Signing Officer or Director_____
Date