## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 29, 2004 8:00 am Secretary of State

		A11110AL		<u> </u>					04-29-	2004 9021	.1 022 **	**61.25	
DOCUMENT # N0300007221  1. Entity Name BUTLER CHAIN CONCERNED CITIZENS INC.													
Principal Place of Business 5722 WEST LAKE BUTLER ROAD WINDERMERE, FL 34786			Mailing Address P.O.BOX 848 WINDERMERE, FL 34786-0848										
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04272004	Chg-NP	CR2E037	7 (10/03)		
City & State			City & State					4. FEI Number 75 - 3	111533			hied For Applicable	
Zip -	• •	Country	Ζ'n	· · ·	Cou	ntry	-	*5." Certificate of			8.75 Addi ee Required		
	6. Name an	d Address of Current	Registere	d Agent				7. Name and A	ddress of New	Registered A	gent		
ATCHLEY, GLORIA T						Name							
5722 WEST LAKE BUTLER ROAD WINDERMERE, FL 34786							Street Address (P.O. Box Number is Not Acceptable)						
v.e													
						City	City FL Zip Code						
the obligati	ions of registere							ed agent, or both,	in the State of F	Florida. I am fa	amiliar with, a	and accept	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution.			3	\$5.00 May Be Added to Fees Florida Department of State					
10.	, , , , , , , , , , , , , , , , , , ,	OFFICERS AND D	RECTORS		11.		-	ADDITIONS/CHAN	IGES TO OFFIC	ERS AND DIA	ECTORS IN	10	
TITLE RAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAM STRE	E P/D E / ET ADDRESS / -ST-ZP /	Lor 533	i Bradf ii West L nderme	ord ake Bu re, FL	HerRa 3478	□ Change 1. 26	☐ Addition	
TITLE RAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	KAM STRI	E V/ U E ET ADDRESS	Th P. 0	ellie Re BoxIII nderme	per		C) Clarge	Addition	
TITLE RAME STREET ADDRESS CITY-ST-ZIP		The second secon	ं स्व	☐ De!ete	- Kam Stri	E S/T/D	Glo	ria T. A: 22 West nderme	tchley Lake E	sutler R	- Change d	☐ Add£tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Delete	•	ŧ			•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Defete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not quality 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:

CITY-ST-ZIP