

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007467

FILED
Sep 30, 2004
Secretary of State**Entity Name:** BE THERE, INC.**Current Principal Place of Business:**3 WOODGATE CT
ORMOND BEACH, FL 33174**New Principal Place of Business:****Current Mailing Address:**3 WOODGATE CT
ORMOND BEACH, FL 33174**New Mailing Address:****FEI Number:** 54-2127412**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WAITHAKA, MARY
3 WOODGATE CT
ORMOND BEACH, FL 33174**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:** DP () Delete
Name: WAITHAKA, MARY
Address: 3 WOODGATE CT
City-St-Zip: ORMOND BEACH, FL 33174**Title:** DVT () Delete
Name: WAITHAKA, HARRISON
Address: 3 WOODGATE CT
City-St-Zip: ORMOND BEACH, FL 33174**Title:** DFS () Delete
Name: HAGEWOOD, LENEE
Address: 420 ROSEHILL DR
City-St-Zip: GOODLETTSVILLE, TN 37072**Title:** DRS () Delete
Name: GIBSON, DELORES
Address: 112 DIANNA DR
City-St-Zip: DAYTONA BEACH, FL 32114**Title:** D (X) Delete
Name: SMITH, SHIRLEY
Address: 121 ALETHA DR
City-St-Zip: DAYTONA BEACH, FL 32114**Title:** D (X) Delete
Name: NJUGUNA, ANNE
Address: 1660 PARADISE LN
City-St-Zip: DAYTONA BEACH, FL 32119**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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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: MARY WAITHAKA

DP

09/30/2004

Electronic Signature of Signing Officer or Director_____
Date