2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

-N03000007837 **DOCUMENT # N03000007837** 04 HAY -5 ATTI: 18 1. Entity Name RAVEN'S PLACE, INC. TÄLLAHÄSSEE, FLORIDA Principal Place of Business Mailing Address 7324 WILLOW SPRINGS CIRCLE 7324 WILLOW SPRINGS CIRCLE LANTANA, FL 33462 LANTANA, FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 52-2405851 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEY, SHIRLEY A Street Address (P.O. Box Number is Not Acceptable) 7324 WILLOW SPRINGS CIRCLE WEST LANTANA, FL 33436 City 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 Signature, typed or printed name of registered agent and titlé é applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11.4 TITLE TIME ☐ Dèlete ☐ Change Addition JOSEY, SHIRLEY A NAME NAME 7324 WILLOW SPRINGS CIRCLE WEST STREET ADDRESS STREET ADDRESS LANTANA, FL 33462 CITY-SI-7P CHY-ST-7IP VP ☐ Delete TITLE TITLE ☐ Change ☐ Addition ROLLE, PENNY A NAME 7324 WILLOW SPRINGS CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 CMY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition ROLLE, WARREN J NAME NAME 7324 WILLOW-SPRINGS CIRCLE WEST -STREET ADDRESS STREET ADDRESS LANTANA, FL 33462 CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 105eu SIGNATURE: GNING OFFICER OR DIRECTOR

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