



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90030 030 \*\*\*\*70.00

<b>DOCUMENT # N03000008175</b> 1. Entity Name <b>THE NARROWAY PROJECT, INC.</b>					
Principal Place of Business <b>PO BOX 2658 BARTOW, FL 33830</b>			Mailing Address <b>PO BOX 2658 BARTOW, FL 33830</b>		
2. Principal Place of Business <b>P.O. Box 2658</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2658</b> Suite, Apt. #, etc.			
City & State <b>Bartow, FL.</b>		City & State <b>Bartow, FL.</b>		4. FEI Number <b>86 1082874</b>	
Zip <b>33831</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SUAREZ, GRETCHEN L 6708 LEMON TREE DR LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SUAREZ, GRETCHEN L</b> <b>6708 LEMON TREE DR</b> <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>WORSLEY, MICHAEL A</b> <b>1741 DAVID CRUM CT</b> <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TS</b> <b>SNOW, GLORI</b> <b>6112 IRBY LANE E</b> <b>LAKELAND, FL 33811</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Gretchen L. Suarez</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/23/04</b> <small>Date</small>		<b>(863) 670-6380</b> <small>Daytime Phone #</small>	