2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-05-2004 90023 042 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000009831

1: Entity Name

RURAL FLORIDA COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
~~4659 THE OAKS DRIVE~~ ~~MARIANNA FL 32446~~	~~4659 THE OAKS DRIVE~~ ~~MARIANNA FL 32446~~

2. Principal Place of Business	3. Mailing Address
Do Not Change	Do Not Change
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ✓ Applie / Not Ap

5. Certificate of Status Desired ☐ **$8.75** Additior Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRI NG, K. 59 E OAK D IVE M RIA JA FL 446	Name Do Not Change Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.

SIGNATURE Glenn Delph DATE 3-29-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of Stat

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DELPH, GLENN E ~~4659 THE OAKS DRIVE~~ MARIANNA FL 32448	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Myra Perry Pres. P.O. Box 38205 Tallahassee FL 32315 (539-6011) ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bonnie Segrea Sec. P.O. Box 683 Eastpoint, Fl 32328 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kay W. Stripling 4659 The Oaks Drive Direc Marianna Fl 32446 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

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 inform 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 d 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 Blo changed, or on an attachment with an address, with all other like empowered.

Myra Perry 3/29/04 850. 539. 6011
President