2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# N03000010292

Entity Name: ST. AUGUSTINE/ST. JOHNS COUNTY HEALTH MINISTRY VISION GROUP, INC.

Current Principal Place of Business:

8050 US HWY A1A SOUTH STE 404
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

8050 US HWY A1A SOUTH STE 404
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, RICHARD Q III
780 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32085 US

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: D ( ) Delete
Name: WIECHMANN, GERRY
Address: 3968 NW 25 CIRCLE
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: WALKER, GREG
Address: 24 CATHEDRAL PL
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: ALLERT, DAVID
Address: 37 LOVETT ST
City-St-Zip: ST AUGUSTINE, FL 32085

Title: D ( ) Delete
Name: ASKREN, ROBERT
Address: 215 ST GEORE ST
City-St-Zip: ST AUGUSTINE, FL 32085

Title: D ( ) Delete
Name: WALKER, JAMES
Address: 1955 US 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: EDMINSTON, MARGARET A
Address: 17 CORDOVA ST
City-St-Zip: ST AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
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: GERRY WIECHMANN D 04/17/2004
Electronic Signature of Signing Officer or Director — Date