2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N03000010667

Entity Name: MARY SAND ADVISORY BOARD, INC.

Current Principal Place of Business:

1805 HOBBS RD.
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

1805 HOBBS RD.
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 20-0584782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAME, JOHN
1805 HOBBS RD.
AUBURNDALE, FL 33823 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: PD ( ) Delete
Name: DAME, JOHN
Address: 1805 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: VD ( ) Delete
Name: PABON, DONNA
Address: 1805 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: SD ( ) Delete
Name: SAWYER, MYRNA
Address: 1805 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: TD ( ) Delete
Name: DAVIS, MYNA
Address: 1805 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

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: TD (X) Change ( ) Addition
Name: DAVIS, MYRA C
Address: 1805 HOBBS RD.
City-St-Zip: AUBURNDALE, FL 33823

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: SECRETARY, MYRA C. DAVIS MS. 04/06/2005

Electronic Signature of Signing Officer or Director — Date