

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010668

FILED  
Jul 08, 2004  
Secretary of State

Entity Name: MICHABROOKE INC. - ART FOR AT RISK CHILDREN.

**Current Principal Place of Business:**

24025 FREDERICK DR  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

24025 FREDERICK DR  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number: 35-2217207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DICKERSON, MAUREEN P  
24025 FREDERICK DR  
BROOKSVILLE, FL 34601 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: P ( ) Delete  
Name: DYSART, JAMES  
Address: 10 W JEFFERSON ST  
City-St-Zip: BROOKSVILLE, FL 34061

Title: S ( ) Delete  
Name: WILSON, RICHARD  
Address: 24021 FREDERICK DR  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T ( ) Delete  
Name: CROFUT, KENNETH B  
Address: 5209 CHAMPIONSHIP CUP LANE  
City-St-Zip: BROOKSVILLE, FL 34609

Title: V ( ) Delete  
Name: DICKERSON, MAUREEN P  
Address: 5208 NODOC RD  
City-St-Zip: BROOKSVILLE, FL 34609

**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:

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: MAUREEN P DICKERSON

V

07/08/2004

Electronic Signature of Signing Officer or Director

Date