2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001490

Entity Name: COUNTRY HILLS NORTH/SOUTH, INC.

Apr 27, 2005 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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105 TOM-JOHN RD 315 SOUTH CALHOUN STREET

MONTICELLO, FL 32344 SUITE 600

TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

315 SOUTH CALHOUN STREET 105 TOM-JOHN RD

MONTICELLO, FL 32344 SUITE 600

TALLAHASSEE, FL 32301

FEI Number: 55-0885709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALKER, JOHN F ERVIN, JR., JAMES M

105 TOM-JOHN RD 315 SOUTH CALHOUN STREET

MONTICELLO, FL 32344 US SUITE 600

TALLAHASSEE, FL 32301 US

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: JAMES M. ERVIN, JR. 04/27/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change () Addition WALKER, JOHN F ERVIN, JR., JAMES M Name: Name:

105 TOM-JOHN RD Address: 315 SOUTH CALHOUN STREET, SUITE 600 Address:

City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: TALLAHASSEE, FL 32301

Title: DST () Delete Title: (X) Change () Addition

WALKER, T.B. JR. Name: SPARKMAN, PAULA Name: Address: 105 TOM-JOHN RD Address: 8559 YASHUNTAFUN ROAD City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: TALLAHASSEE, FL 32311

Title: () Delete Title: () Change (X) Addition

Name: KINSEY, W. B Name: 1902 RHONDA ROAD Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete Title: () Change (X) Addition

VIED, MICHAEL Name: Name: 515 COUNTRY HILL ROAD Address: Address:

City-St-Zip: City-St-Zip: MONTICELLO, FL 32344

Title: () Delete Title: () Change (X) Addition

DUGGER, GERALD Name: Name: 1946 REGISTER ROAD Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32305

Title: () Delete Title: () Change (X) Addition

RAKER, OVERTON Name: Name: Address: Address: 10969 GAMBLE ROAD MONTICELLO, FL 32344 City-St-Zip: 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: JAMES M. ERVIN, JR. PD 04/27/2005