
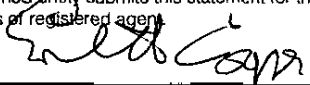
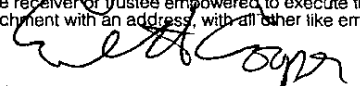


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90249 003 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N04574</b><br>1. Entity Name<br><b>HONEYWORD FOUNDATION, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>34134 A-NICE-PLACE<br/>DADE CITY FL 33523<br/>US</b>  |  |   |   | Mailing Address<br><del>P.O. BOX 1060</del><br><b>SAN ANTONIO FL 33576-1060<br/>US</b>   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>POST OFFICE BOX 939</b><br>Suite, Apt. #, etc.<br><b>SAN ANTONIO, FL</b>                   |   |  |  |
| City & State  |  | City & State  |   |  |  |
| Zip   | Country  | Zip<br><b>33576-0939</b>  | Country<br><b>USA</b>   | 4. FEI Number <b>NO-T APPLICABLE</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>COOPER, EMMETT<br/>34134 A-NICE-PLACE<br/>DADE CITY FL 33523</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 accept the obligations of registered agent.<br>SIGNATURE  <b>EMMETT COOPER</b> <u>4/1/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS  |  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VST<br/>COOPER, LEA M.<br/>34134 A NICE PLACE<br/>DADE CITY FL 33523</b> <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>STREET NAME HAS HYPHENS AS FOLLOWS:<br/>A - NICE - PLACE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>COOPER, LEA M.<br/>3921 TOPSAIL DRIVE<br/>COLORADO SPRINGS CO 80918</b> <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>CPD<br/>COOPER, EMMETT A.<br/>3921 TOPSAIL DRIVE<br/>COLORADO SPRINGS CO 80918</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>CEO<br/>COOPER, EMMETT A.<br/>3921 TOPSAIL DRIVE<br/>COLORADO SPRINGS CO 80918</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>→ CPD, CEO<br/>→ 34134 A-NICE-PLACE<br/>DADE CITY, FL 33523</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>HARPER, JIM<br/>2581 ORCHARD KNOB DRIVE<br/>ATLANTA GA 30339</b> <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>HILL, TOM<br/>46 ALSACE COURT<br/>LITTLE ROCK AR 72211</b> <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| 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 information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |  |  |
| SIGNATURE:  <b>EMMETT COOPER</b> <u>4/1/04</u> <u>352-518-0181</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |

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MOORE CR2E037 (11/03)