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

Mar 29, 2004 8:00 am Secretary of State DOCUMENT # N06944 1. Entity Name 03-29-2004 90396 038 ****70.00 THE GREEN BUTTERFLY VOLUNTEER ASSOCIATION, Principal Place of Business Mailing Address 209-211 W. MIAMI AVE. VENICE FL 34285 209-211 W. MIAMI AVE. VENICE FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2484365 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER GEORGE ANDERSON, RALPH Street Address (P.O. Box Number is Not Acceptable) 109 ALGIERS DRIVE VENICE FL 34293 Zip Code 3 **4 285** 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change Addition George Cooper 1236 Pinebrook Way ANDERSON, RALPH NAME МАМЕ 109 ALGIERS DRIVE STREET ADDRESS STREET ADDRESS Venice FL 34285-6429 VENICE FL CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition CAMARDO, MICHAEL NAME NAME 1218 WHITNEY DR. STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY-ST-7IP CITY-ST-ZIP SD FREDERICK J. REITTER Change Delete TITLE ☐ Addition ANDERSON, JOYCE NAME 1652 VALLEY DR. NAME 109 ALGIERS DR STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition JOANN IRWIN DOWD, JOHN NAME 1521 S. TAMIAMI TR. 1023 Chori Is BLVd. STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 it changed, or on an attachment with an address, with all other like empowered.

FILED

3/18/c 4 941.485.4939 Dale Deyline Phone #