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

	AIIIVAL	N09467.							
DOCUI 1. Entity Nam	MENT # N09467			4 Pii 1:4	2				
PEACE O	F HIGHLANDS COUNT		TĂĒLAHĀSSĒE, FĚĆRIĎA						
Principal Plac	e of Business				11 1 - F - W 1 1 1 1 1	DEE FLUKT	UA		
700 SOUTH SEBRING FL US	PINE STREET 33872	700 SOUTH PINE S' SEBRING FL 33872 US				LICE FOR A COLUMN STATE AND A DESCRIPTION OF THE STATE STATE AND A DESCRIPTION OF THE STATE STAT			
2. Principal P	lace of Business	3. Mailing Address	I. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE CI	R2E037 (11/ 03)		
City & State		City & State				59-2552711	No	oplied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of S		\$8.75 Add		
	6. Name and Address of C	7. Name and Address of New Registered Agent Name							
161	GETT, TAYLOR J JR 7 NE LAKEVIEW DRIVERING FL 33870		Street Address (P.O. Box Number is Not Acceptable)						
JED.	4 H 4 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C						FL Zip Cod	e	
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.									
SIGNATURE									
Signature, typed or printed name of registered agent and fille it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	FILE NOW: FEE IS \$61.2 Due By May 1, 2004	\$5.00 May Be Added to Fees	Make	Check Payable Department of S	THE PARTY OF THE PARTY OF THE PARTY OF THE				
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS/CHANG		AND DIRECTORS IN	10	
TITLE	FERNSLER, EUGENE	☐ Delete	TITLE		SIDENT, DI		Change Change	Addition	
NAME STREET ADDRESS	120 CDADDOW AVE		NAME Street	1 -	ENE FERI Spanrow	-			
CITY-ST-ZIP	CERRING EL CORTO		CITY-S		BRIDG , 1		75		
TITLE	PD	₩ Celete	TITLE	[E-PRES, D		☐ Change	Addition	
NAME	MARINE, JAMES		NAME	Rot	BERT SAFF	OLD .			
STREET ADDRESS	309 LOON AVE SEBRING FL 33872				L HYACINT				
CITY-ST-ZIP	SD SD		CITY-S		BRIDC, F				
NAME	DAVIDSON, MARY	Detele	TITLE		RETAIN 4		☐ Change	Addition	
STREET ADDRESS	PO BOX 854			TADDRESS 252	RY ADAKS BRENTWE	5 00D 1010			
CITY-ST-ZIP	LORIDA FL 33857		CITY-S	ST-ZIP CAU	CE PLACID	FL 3785	2		
TITLE	TD SENIOR NAMES	Delete	TITLE	TRE	ASURER		☐ Change	Addition	
NAME STREET ADDRESS	FENNELL, NANCY 52 FENNY BOSK TRAIL		NAME	DU	ANE HEQU	ئەنيەر		•	
CITY-ST-ZIP	VENUS FL 33960		CITY	T 7:0	6 MAINE A	UE, 274713			
TITLE		☐ Delete	TITLE	1207	SILIFG PC	338 1 /-	☐ Change	Addition	
NAME '		_ 5000	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADORESS ST-ZIP	11/	ĺιΛ		İ	
TITLE		☐ Delete	TITLE		ለነሳ	"	Change	Addition	
NAME			NAME		//	1			
STREET ADDRESS				T ADDRESS	4				
CITY-ST-ZIP	L			ST-ZIP					
12. Phereby 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 and dress, with all other like empowered.									
SIGNATURE: Jugar / fluch Eugene R. Fernslen, Phos. 4/13/04 (863)885-0797									
· · · · · · · · · · · · · · · · · · ·	SIGNATURE AND TY	PED OF PRINTED NAME OF SIGNING OFFI	CER OR DIRECTO)H		Date	Daytime Phone #		

04-19-2004-90236-045 ****61.21