

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90003 050 ****61.25

94045501



04012004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2440560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH CENTRAL FLORIDA CHAPTER EX-POW
7391 SW 15TH PLACE
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name Willis Young
Street Address (P.O. Box Number is Not Acceptable)
5159 NE 9TH ST.
City Ocala FL Zip Code 34470

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 Willis E Young WILLIS E YOUNG 4-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	FALCONER, SHARON	
STREET ADDRESS	7391 SW 15TH PLACE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAYSON, JOHN	
STREET ADDRESS	12063 SW 72ND COURT	
CITY-ST-ZIP	BELLEVUE, FL 34420	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, WILLIS	
STREET ADDRESS	5159 NE 9TH STREET	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	KEARBAY, BYRON	
STREET ADDRESS	9976 SW 182ND CIRCLE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINK, ELSIE	
STREET ADDRESS	5095 NW 18TH STREET	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RISCILI, NICK	
STREET ADDRESS	6043 SE 118TH PLACE	
CITY-ST-ZIP	BELLEVUE, FL 34420	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willis Young	
STREET ADDRESS	5159 NE 9TH ST.	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grayson, John	
STREET ADDRESS	12063 SW 72ND COURT	
CITY-ST-ZIP	BELLEVUE, FL 34420	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Falconer	
STREET ADDRESS	7391 SW 15TH PLACE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wanda Dupuis	
STREET ADDRESS	11540 SE HWY. 464	
CITY-ST-ZIP	OKlawaha, FL 32179	

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: Byron Kearbay Byron Kearbay 4-2-04 352-489-5842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #