
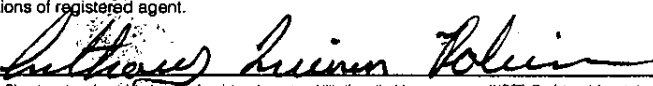
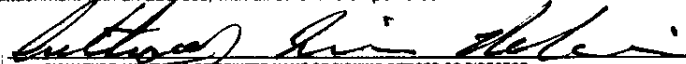


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90018 042 \*\*\*\*70.00

<b>DOCUMENT # N13559</b>					
1. Entity Name EMPLOYEES ACTIVITIES COMMITTEE, INC.					
Principal Place of Business 890 N HWY 17 PALATKA, FL 32177			Mailing Address 890 N HWY 17 PALATKA, FL 32177		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3014883	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLMES, JAYA 890 N HWY 17 PALATKA, FL 32177			Name <b>Anthony Quinn Robinson</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>890 N. HWY 17</b>		
			City <b>Palatka</b>		FL
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JAYA		NAME	Anthony Quinn Robinson	
STREET ADDRESS	890 N HWY 17		STREET ADDRESS	890 N. HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, FL 32177	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, BUSHELL		NAME		
STREET ADDRESS	890 N HWY 17		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ANTHONY		NAME	Joshua Alexander	
STREET ADDRESS	890 N HWY 17		STREET ADDRESS	890 N. HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, FL 32177	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDERPOOL, EDITH		NAME	Daniel Weaver	
STREET ADDRESS	890 N HWY 17		STREET ADDRESS	890 N. HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, Fla.	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: <b>7-12-04</b>		Daytime Phone #: <b>(386) 328-9255</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

