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

DOCUMENT # N18498

5/19/

FILED Jun 04, 2004 8:00 am Secretary of State

3574 LAZY LAKE DRIVE, NORTH LAKELAND FL 33801 3574 LAZY LAKE DRIVE, NORTH LAKELAND FL 33801	 Entity Name 	i.				Į.	05-19-20	04 90008	3 023 ***	*61.25	
THE CALID HOUSE STAYLARY LAKE PRIVE, NORTH LAKELAND FL 38001 2. PRINCIPAL Place of Biguiness 3. Mailing Applies of County 2. Principal Place of Biguiness 3. Mailing Applies For LAKELAND FL 38001 City & State	VILLAGE I	AKELAND LAKESIDE CL									
AMELAND FL 33601 2. Principal Plate of Business 3. Mailing Address Suits, Apt. 6, etc. MOORE CR2007 (11/03) An Application For Application	Principal Place	of Business	Mailing Address]					
Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Applicable Chy & State Applicable Chy & State Applicable Chy & State Applicable System and Address of Current Registered Agent Applicable App	3574 LAZY LAKE DRIVE, NORTH 3574 LAZY LAKE DRIVE				RTH	66426556					
Cry & State Country Cry Country S. Certificate of Status Desired State Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required Street Address (P.O. Box Number is Not Acceptable) Cry FL Zio Code Cry	Principal Place of Business										
Sp. 2752600 Not Applicable Sp. 2752600	Suite, Apt. #, etc. Suite, Apt.			Apt. #, etc.			MOORE CR2E037 (11/03)				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code City FL Addition A	City & State		City & State			4. FEI Number	9-2752600)			
BAHRHR, GEORGE 501-OAKRIDGE EAST LAKELAND FL 33801 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, refer or pireted name of registered form and the lackbase. SIGNATURE Signature, fried or pireted name of registered form and the lackbase. POTE Registered Agent segment required with mediating DATE FILE NOW, FEE IS 361 253 P . Election Campaign Financing Due By May 17 2004 Trust Fund Contribution. SS.D.O May Be Added to Fees Filoridis Digetiment of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 10 Chay Ed. SKY LINE DR Chryst-2P Chryst-2P Chryst-2P TILE MAKE AND FL 33801 Chryst-2P ANE AND FL 33801 Chryst-2P	Zip	Country	Zip	Co	untry	5. Centificate of St	latus Desired				
BAHRHR, GEORGE Street Address (P.O. Box Number is Not Acceptable) City FL 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. Signat Turns of projected agent. Port Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signat Turns of Projecter agent. Port Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or registered agent		6. Name and Address of Curre	nt Registered Agent			7. Name and Add	ress of New R	egistered A	gent		
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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 regor's true and accurate and that my signature shall have the same least effect as if made under oath; that I am an officer or director	CETY-ST-ZIP	,					:	$P_{X,Y}^{*}(X)$	<u>·</u> *		
Dingle 40 or Dingle 44 or Dingle 44 or	12. I hereby indicated	certify that the information supplied don this report or supplemental report	this filing does not qualify is true and accurate and the	iy for the ex hat my sign	cemption stated in Stated in Statute shall have the	Section 119.07(3)(i), Fe same legal effect as	Porida Statutes.	I further cer oath; that I	tify that the i	information r or director	