2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

Pincipal Place of Business P.O. Box 953 PALATKA, FL 32177	1. Entity Name	MENT # N18533 ING CENTER, INC.						03-19-20	004 90048			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S	1016 MAIN STREET		P.O. BOX 953									
City & State Country Cou	2. Principal Place of Business		3. Mailing Address						in the second se			
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.				03122004	Chg-NP	CR2E0	37 (10/03)		
Country Country Country Country Country St. Certificate of Status Desired S8,7E Additional Fee Required Country St. Certificate of Status Desired S8,7E Additional Fee Required Country St. Name and Address of Rev Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Accepta	City & State		City & State							→		
BROWN, MARY L 107 SOUTH NINTH STREET PALATKA, FL 32177 City FL Zip Code	Zip	Country	Zip		Country		5. Certificate of	of Status Desired	d 🗆	\$8.75 Add	litional	
STEET ADDRESS OF STEET		6. Name and Address of Curren	t Registered A	gent			7. Name and	Address of Nev	w Registered	Agent		
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	55614414	*****			Name							
R. The aboven named entity submits this statement for the purpose of changing its registered agient, or both, in the State of Florida. I am Immiliar with, and accept the obligations of registered agent. Signature	107 SOUTH NINTH STREET				Street Address (P			P.O. Box Number is Not Acceptable)				
R. The aboven named entity submits this statement for the purpose of changing its registered agient, or both, in the State of Florida. I am Immiliar with, and accept the obligations of registered agent. Signature					}							
SIGNATURE SIGNATURE SINCE SECURITY SUPPRISON										-		
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10.		Stgnature, typed or printed name of registered ager	nt and title if applicab	le. (NOTE: F	Registered Agent signatu	re required	when reinstation)		DATE			
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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: _

MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #