


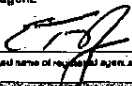
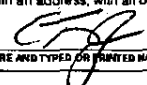
AMENDED

FILED

03 DEC -1 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N24010			
1. Entity Name APCO INSTITUTE, INC.			
Principal Place of Business 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114		Mailing Address 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2895017		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMSEY, JOHN 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name E. Tim Ryan Street Address (P.O. Box Number is NOT Acceptable) 351 N. Williamson Blvd City Daytona Beach FL 32114	
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  DATE 11/24/03			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NASH, GLEN 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMSEY, JOHN 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300025087003 12/01/03--01012--008 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADSHAW, THERA 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILE, VINCENT 351 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stile Vincent 351 N. Williamson Blvd Daytona Beach FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLENTINE, GREGORY S 351 N WILLIAMSON BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Ballentine Gregory S 351 N. W. Williamson Blvd Daytona Beach FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORASH, DIANA 351 N WILLIAMS BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Borash Diana 351 N. Williamson Blvd Daytona Beach FL 32114
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 11/24/03 DAYTONA PHONE #: (386) 322-2501	

CR20037 (10/02)

REVISION

TITLE: DS

NAME: E. TIM RYAN

ADDRESS: 351 N WILLIAMSON BLVD
DAYTONA BEACH, FL 32114

TITLE: D

NAME: WANDA McCARLEY

ADDRESS: 351 N WILLIAMSON BLVD
DAYTONA BEACH, FL 32114
