

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 10, 2004
Secretary of State**

DOCUMENT# N27787

Entity Name: CASA 12, INC.

Current Principal Place of Business:

1208 CAPITAL CIRCLE SOUTHEAST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12391
TALLAHASSEE, FL 323172391

New Mailing Address:

FEI Number: 59-2915458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGHERTY, RALPH C
1006 WAVERLY ROAD
TALLAHASSEE, FL 323122814 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KNIGHTS, PHYLLIS L
Address: PO BOX 14809
City-St-Zip: TALLAHASSEE, FL 323174809

Title: P () Delete
Name: SAMS, JACK G
Address: 1258 SHADEVILLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: TAYLOR, HUGH
Address: 1025 MYERS
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: DOUGHERTY, KRIS
Address: 1006 WAVERLY ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DOUGHERTY, RALPH
Address: 1006 WAVERLY
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: BROWN, MARION
Address: 812 SHANNON ST
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS KNIGHTS

T

05/10/2004

Electronic Signature of Signing Officer or Director

_____ Date