

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90204 031 ****61.25

24068720



03162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
61-1176499

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAVEC, RICHARD D
5350 SHORELINE CIRCLE 690 Lake Forest Boulevard
LAKE FOREST, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUSSELL, BRYAN R
STREET ADDRESS 10172 LINN STATION RD.
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPD
NAME BAILEY, JUDY
STREET ADDRESS 5350 SHORLINE CIRCLE
CITY-ST-ZIP LAKE FOREST, FL 32771

TITLE SD
NAME SANCHEZ, JULIE
STREET ADDRESS 385 GOLF BROOK CIRCLE
CITY-ST-ZIP LONGWOOD, FL 327796159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Bryan R. Russell SVP Bryan R. Russell, President 4/26/04 (502)426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #