


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N31266 1. Entity Name CAMP BLANDING MUSEUM AND HISTORICAL ASSOCIATES, INC.	
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Principal Place of Business ROUTE 1 BOX 465 CAMP BLANDING STARKE, FL 32091-9703	Mailing Address ROUTE 1 BOX 465 CAMP BLANDING STARKE, FL 32091-9703
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01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2951543	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREGORY W PARSONS RT 1 BOX 465 CAMP BLANDING BLD 3040 STARKE, FL 32091
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**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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000045957
02/11/04-80083-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZDRAS, FRANK W 567 SAN CLEMENTI DR. ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETELLE, KENT R 301 CHARLOTT ST ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OFELDT, FRANK PO BOX 6405 FERNANDINA, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, RODNEY P. RT. 1, BOX 660 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, JAMES E RT 2 BOX 1243 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHER, HARRY M. 1720 E. CALL ST. STARKE, FL 32091

**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: *James Hughes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 JAN 04 905
Date Daytime Phone # 802-3196