


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State


04-30-2004 90311 049 ****61.25

DOCUMENT # N32843 1. Entity Name COMMUNITY OPPORTUNITIES, INC.					
Principal Place of Business 385 CENTERPOINTE CIRCLE SUITE 1319 ALTAMONTE SPRINGS, FL 32701 US				Mailing Address 1515 MAGNAVOX WAY FORT WAYNE, IN 46804	
2. Principal Place of Business 1515 MAGNAVOX WAY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State FT. WAYNE, IN		City & State 		4. FEI Number 31-1274995	
Zip 46804		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAL, ERNEST M 385 CENTERPOINTE CIRCLE SUITE 1319 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E Park Ave. City Tallahassee FL Zip Code 32301	
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 <u><i>Travis Pinkstaff</i></u> TRAVIS PINKSTAFF ASSISTANT SEC. 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NONEMAKER, LORETTA 1785 LAUREL CREEK DRIVE LAWRENCEVILLE, GA 30031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENNOX, FELICITY H 2204 EASTWOOD DR WINONA LAKE, IN 46590	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISHER, JON 209 SILVER MAPLE COVE FORT WAYNE, IN 46804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LANE, JEFF 3806 CHANCERY PLACE ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LANE, BRIN 587 THOMAS MCKEEN ST. ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u><i>Jon Fisher</i></u> JON FISHER 4-22-04 260-459-1551 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Attachment +

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