

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35753

FILED
May 11, 2004
Secretary of State

Entity Name: FRIENDS OF ST. MICHAEL THE ARCHANGEL CHAPEL, INC.

Current Principal Place of Business:

%WILLIAM I. GULLIFORD
1950 BARTRAM RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1950 BARTROM RD
JACKSONVILLE, FL 32207

New Mailing Address:

1950 BARTRAM RD
JACKSONVILLE, FL 32207

FEI Number: 59-3058890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULLIFORD, WILLIAM I.
1950 BARTRAM ROAD
JACKSONVILLE, FL 32207 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: DS () Delete
Name: BROWER, BRADY V.,
Address: 4038 CONGA ST.
City-St-Zip: JACKSONVILLE, FL

Title: DP () Delete
Name: FULHAM, TERRENCE
Address: 2030 ESCO BAR AVE
City-St-Zip: SPRING HILL, FL 34608

Title: DV () Delete
Name: GULLIFORD, WILLIAM I.,
Address: 75 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DT () Delete
Name: FOEUER, MARY
Address: 2010 ESCO BAR AVE
City-St-Zip: SPRING HILL, FL 34608

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:

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: WILLIAM I. GULLIFORD

DV

05/11/2004

Electronic Signature of Signing Officer or Director

Date