


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N37316	
1. Entity Name SPRING HILL CHAPTER OF RARE FRUIT COUNCIL INTERNATIONAL, INC.	

Principal Place of Business 13090 CENTENNIAL STREET SPRINGHILL, FL 34609 US	Mailing Address 13090 CENTENNIAL STREET SPRING HILL, FL 34609 US
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01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FREDERICK, EDWARD
13090 CENTENNIAL STREET
SPRING HILL, FL 34609**

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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 Edward Frederick DATE 3-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	U00000100700 04/01/04-80017-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE DP	NAME RITTER, LORRAINE
STREET ADDRESS 10283 BEDFORD ROAD	CITY-ST-ZIP SPRING HILL, FL 34608
TITLE DS	NAME VIRGINIA, MALE
STREET ADDRESS 4355 CULBREATHCO	CITY-ST-ZIP BROOKSVILLE, FL 34601
TITLE DV	NAME PERKINS, GISELE
STREET ADDRESS 8088 SPANISH OAK DRIVE	CITY-ST-ZIP SPRINGHILL, FL 34608
TITLE DT	NAME FREDERICK, EDWARD
STREET ADDRESS 13090 CENTENNIAL ST	CITY-ST-ZIP SPRINGHILL, FL
TITLE DD	NAME PERNA, CHUCK
STREET ADDRESS 5015 CHAMBERS CT	CITY-ST-ZIP SIRING HILL, FL 34609
TITLE DD	NAME ISHLER, TOM
STREET ADDRESS 399 SWALLOW LN	CITY-ST-ZIP SPRING HILL, FL 34606

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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)(f), 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: Edward Frederick DATE 3-30-04 DAYTIME PHONE # 352-686-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR