


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N37446 1. Entity Name UTSC, INCORPORATED						<div style="text-align: right;"> APPROVED AND FILED 04 DEC -7 PM 2:03 SECRETARY OF STATE FLORIDA REINSTATEMENT </div>	
Principal Place of Business 114 NORTH OHIO AVENUE P.O. BOX 1239 LIVE OAK FL 32060				Mailing Address 114 NORTH OHIO AVENUE P.O. BOX 1239 LIVE OAK FL 32060			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BOWEN, GEORGE 13241 SW 2NE PL NEWBERRY FL 32669				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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>George Bowen</u> George Bowen <u>10/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For 59-3150148 Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 59-3150148			
FILE NOW: FEE IS \$61.25 Due By September 8, 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 WINGATE, NIRA V 22641 95TH LANE O'BRIEN FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Rhoshonda L. Herring 517 SW Houston Ave Live Oak, FL 32064	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOPER, ELLA 7469 77TH RD LIVE OAK FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patricia Lambert 1419 SW Walker Ave. Live Oak, FL 32064	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSES, GLENDA P.O. BOX 553 BRANFORD FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041943996 10/18/04--01070--019 **61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, SHERYL 10356 CR 252 LIVE OAK FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041943996 12/07/04--01009--001 **183.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, STEPHEN 11397 122ND TRAIL LIVE OAK FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete						
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>Rhoshonda L. Herring</u> Rhoshonda L. Herring <u>10/14/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>386-364-2670</u> <small>Date Daytime Phone #</small>			