2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # N38182	ASSOCIATION, I	NC.		k	1-26-2005 9	-			
Principal Place of Business P. O. BOX 766 GONZALEZ, FL 32560-0766 US		Mailing Address P. O. BOX 766 GONZALEZ, FL 32560-0766 US								
2 Principal F	Place of Business	3. Mailing Address			_ %D/4	4 - 4 . 6	6666	66	D &	
Z. Filliopair	TRUE OF DUSHIESS	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212005 C	01212005 Chg-NP CR2E037 (10/03)				
City & Stat	te	City & State		4. FEI Number 59-310991	16			olied For Applicable		
Zip	Country	Zip	Cou	untry	5. Certificate of St	tatus Desired		75 Addit Required		
	6. Name and Address of Current	Registered Agent	:		7. Name and Add	tress of New Re	gistered Agen	nt _		
BURKS, L	EROY			Name FRA	ANCIS	J BE	Eby			
1512 HUNTER'S CREEK DRIVE				Street Address	t Address (P.O. Box Number is Not Acceptable)					
CANTON	MENT, FL 32533			1504 1	HUNTER'S C	REEK	Daws		•	
				City	TON MENT	<u> </u>		Zip Code	- 7 7	
8. The above	named entity submits this statement for	the purpose of changing	its registere			the State of Flori				
the oblicat	tions of registered agent.									
	FRANCIS J BEEL			Franc	Beel	<u>y</u>	1-21-	-05	<u> </u>	
				Tremo	Beel Beel (Fred When reinstating)	<u>y</u>	1-91- DATE	-05	-	
	FRANCIS J BEEL	nd title if applicable. (N	IOTE: Registere	inancing	\$5.00 May Be Added to Fees	,	DATE DATE Like check payda Departmen			
SIGNATURE	FIRANCIS 5 BEED Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election (Trust Fun	OTE: Registered Campaign F d Contributi	Financing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	. Florid	ike check pay da Departmer	nt of Sta	ite	
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12. I nereoy certify that the information supplied with this filling 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: FRANCIS J. BIEGOV FRANCIS PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DESCRIPTION OF THE PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DESCRIPTION OF THE PRINTED NAME OF SIGNATURE OR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR SIGNATURE OR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR SIGNATURE OR