


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N38842 1. Entity Name OLD STILL ROAD IMPROVEMENT ASSOCIATION INC. |  |
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| Principal Place of Business 141 OLD STILL ROAD CRAWFORDVILLE, FL 32327 US | Mailing Address PO BOX 1807 CRAWFORDVILLE, FL 32326 US |
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04262004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3025581 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent DUNBAR, PATRICIA L. 141 OLD STILL ROAD CRAWFORDVILLE, FL 32327 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DUNBAR, PATRICIA L. 141 OLD STILL ROAD CRAWFORDVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVID, JANIS 121 OLD STILL ROAD CRAWFORDVILLE, FL 32327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, RICHARD 100 OLD STILL ROAD CRAWFORDVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENGLISH, BRIAN 81 OLD STILL ROAD CRAWFORDVILLE, FL 32327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAPRON, RONALD 153 OLD STILL ROAD CRAWFORDVILLE, FL 32327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHLEGEL, JIM 131 OLD STILL ROAD CRAWFORDVILLE, FL 32327 |

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04/29/04-80084-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Patricia L. Dunbar Patricia L. Dunbar 04/26/04 (850) 413-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #