



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43000 1. Entity Name FLORIDA INITIATIVES, INC.						FILED 04 DEC -2 PM 1:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 4504 ROCKBRIDGE HOLLOW TALLAHASSEE, FL 32308				Mailing Address 1400 VILLAGE SQUARE BLVD. PMB 221 TALLAHASSEE, FL 32312					
2. Principal Place of Business		3. Mailing Address				07132004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3079349 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Applied For</td> <td style="width: 50%;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For	Not Applicable								
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NABORS, JOAN B. 1400 VILLAGE SQUARE BLVD., #3-221 TALLAHASSEE, FL 32312				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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><i>Joan B Nabors</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing 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					
TITLE	D	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
NAME	NABORS, ROBERT L			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	4504 ROCKBRIDGE HOLLOW			NAME					
CITY-ST-ZIP	TALLAHASSEE, FL 32308			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LAMB, PATTERSON			NAME					
STREET ADDRESS	ROUTE 3 BOX 259			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP					
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HUBBARD, SUSAN			NAME					
STREET ADDRESS	1442 SCIORIDGE CT			STREET ADDRESS					
CITY-ST-ZIP	ANN ARBOR, MI 48103			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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><i>Robert L Nabors</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									
				Date		Daytime Phone #			