

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

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43454**

1. Entity Name  
**JOURNEY 5, INC.**



Principal Place of Business  
**117 WOODBERRY PLACE  
DECATUR, GA 30034 US**

Mailing Address  
**117 WOODBERRY PLACE  
DECATUR, GA 30034 US**



03052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-1272398**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ELSBERRY, MICHAEL V  
215 NORTH EOLA DR  
ORLANDO, FL 32801**

**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 reinstating)

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

U000000082306

03/09/04 00024 007 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CHRISTY, JOHN J
STREET ADDRESS	117 WOODBERRY PLACE
CITY-ST-ZIP	DECATUR, GA 30034
TITLE	D
NAME	WHITEAKER, COLLEEN W
STREET ADDRESS	12814 GREENCASTLE RD
CITY-ST-ZIP	HAGERSTOWN, MD 21740
TITLE	D
NAME	WHITEAKER, CANDACE
STREET ADDRESS	12814 GREENCASTLE ROAD
CITY-ST-ZIP	HAGERSTOWN, MD 21740
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-684