2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

Secretary of State DOCUMENT # N45603 03-22-2004 90072 045 ****61 25 SUGÁR BEACH SERTOMA, INC. Principal Place of Business Mailing Address P.O. BOX 4384 **4404620**6 P.O. BOX 4384 FORT WALTON BEACH, FL 32549 FORT WALTON BEACH, FL 32549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03112004 CR2E037 (10/03) City & State City & State Applied For 59-2956758 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANBERGEN, JEAN X Del. V 1501 N PARTIN DR Street Address (P.O. Box Number is Not Acceptable) **UNIT 125** NICEVILLE, FL 32578 Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE Delete TITLE ☐ Addition BROWN, GRACE NAME NAME 309 BRIARWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT WALTON BEACH, FL 32547 CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change Addition TYNER, SUZANNE NAME NAME 116 DEVILLE DR STREET ADDRESS STREET ADDRESS MARY ESTHER, FL 32569 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE HUSON, ROGER NAME NAME 33 MAPLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-7IP TITLE VΡ ☐ Delete TITLE ☐ Change Addition SPENCER, HELEN NAME NAME 304 NW OAKLAND CIRCLE D STREET ADDRESS STREET ADDRESS FORT WALTON BEACH, FL 32548 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition Van Bergen VAN BEGEN, JEAN NAME NAME STREET ADDRESS 1501 N. PARTIN DR UNIT 125 STREET ADDRESS NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE □ Change HENSON, EDNA NAME NAME 45 MEMORIAL PARKWAY STREET ADDRESS STREET ADDRESS FORT WALTON BEACH, FL 32548 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

Jean Van Bergen

GMING OFFICER OF DIRECTOR

FILED

Mar 22, 2004 8:00 am