

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90390 021 ****61.25

24030130



03052004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3116870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIGGINS, JOSEPH P
484 OAKLAND PARK BLVD
FORT ORANGE, FL 32127

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Joseph Wiggins JOSEPH WIGGINS 3/12/04
(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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CONNERLLY, RICK W
STREET ADDRESS 803 KNOLLVIEW BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WIGGINS, JOSEPH P
STREET ADDRESS 484 OAKLAND PARK BLVD
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WIGGINS, BILLY E
STREET ADDRESS 6222 SANTA MONICA DR
CITY-ST-ZIP DAYTONA BEACH, FL 32127

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE T ☐ Delete
NAME LYNCH, MICHAEL
STREET ADDRESS 2254 GREEN ST
CITY-ST-ZIP SOUTH DAYTONA, FL 32121

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2962 REDWOOD ST.
CITY-ST-ZIP BUNNELL, FL. 32110

TITLE D ☐ Delete
NAME GAILEY, HENRY W
STREET ADDRESS 15 OAKBROOK DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RANEW, BILL
STREET ADDRESS 4025 BEXHILL DR.
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Joseph Wiggins JOSEPH WIGGINS 3/12/04 386 252 0573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #