

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48602

Entity Name: SOUTH SANFORD GROUP, INC.

FILED
May 07, 2004
Secretary of State

Current Principal Place of Business:

111 W. 27TH ST.
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

614 BETH DR
SANFORD, FL 32771

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LOWELL R
614 BETH DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: JONES, LOWELL R
Address: 614 BETH DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: GARBADE, GRACE,
Address: 2616 EL PORTAL
City-St-Zip: SANFORD, FL

Title: C () Delete
Name: CAMPBELL, ALBERT
Address: 156 LONGLEAF PINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: CAMPBELL, CAROLYN
Address: 156 LONGLEAF PINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: HAEFFNER, BRADLEY
Address: 612 BETH DR
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, LOWELL R
Address: 614 BETH DRIVE
City-St-Zip: SANFORD, FL 32771

Title: C (X) Change () Addition
Name: REYNOLDS, EARL
Address: 1905B PARK AVE.
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: RAGER, GARY
Address: 1121 S. SANFORD, AVE.
City-St-Zip: SANFORD, FL 32771

Title: T/D (X) Change () Addition
Name: WHITTEN, HARRY D
Address: 129 MAYFAIR CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: S (X) Change () Addition
Name: WATKINS, LINDA
Address: 204 LAUREL DR.
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOWELL R. JONES

D

05/07/2004

Electronic Signature of Signing Officer or Director

Date