


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90017 002 \*\*\*\*61.25

<b>DOCUMENT # N49730</b> 1. Entity Name <b>OLD WIRE FARMS OWNERS' ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>218 SW BOUNTIFUL AVENUE FORT WHITE FL 32038 US</b>	Mailing Address <b>218 SW BOUNTIFUL AVENUE FORT WHITE FL 32038 US</b>
--	--

2. Principal Place of Business <b>1468 SW HOMESTEAD CIR</b> Suite, Apt. #, etc.	3. Mailing Address <b>1468 SW HOMESTEAD CIR</b> Suite, Apt. #, etc.
---	---



MOORE CR2E037 (11/03)

City & State <b>FORT WHITE FL</b>	City & State <b>FORT WHITE FL</b>
--------------------------------------	--------------------------------------

4. FEI Number <b>59-3017220</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>32038</b>	Country <b>USA</b>	Zip <b>32038</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>SIDES, CATHERINE 218 SW BOUNTIFUL AVENUE FORT WHITE FL 32038</b>
---

<b>7. Name and Address of New Registered Agent</b> Name <b>JEANNETTE WILKINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1468 SW HOMESTEAD CIRCLE</b> City <b>FORT WHITE FL</b> Zip Code <b>32038</b>
--

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: *Jeannette Wilkinson*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODYEAR, GINA <input checked="" type="checkbox"/> Delete RT 4 BOX 5799 FORT WHITE FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCHARD, KAREN <input type="checkbox"/> Delete RT. 4, BOX 5797 FORT WHITE FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIDES, CATHERINE <input checked="" type="checkbox"/> Delete 218 SW BOUNTIFUL AVENUE FORT WHITE FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JULIUS C WEATHERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 441 SW HOMESTEAD CIRCLE FORT WHITE FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEANNETTE WILKINSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1468 SW HOMESTEAD CIRCLE FORT WHITE FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeannette Wilkinson* 3-15-04 (386) 497-1112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment N49730

524022999

**OLD WIRE FARMS OWNERS ASSOCIATION INC**  
**1468 SW Homestead Circle**  
**Fort White, FL 32038**

March 24, 2004

Division of Corporations  
Annual Report Section  
PO Box 6850  
Tallahassee, FL 32314

RE: 2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)

Changes have been made on our annual report.

President Julius C Weathers  
441 SW Homestead Circle  
Fort White, FL 32038

Treasurer Jeannette Wilkinson  
1468 SW Homestead Circle  
Fort White, FL 32038