


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

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90043 044 ****61.25

DOCUMENT # N92000000953	
1. Entity Name THE GREATER AUBURNDALE EDUCATION AND BEAUTIFICATION FOUNDATION, INC.	

Principal Place of Business 111 E PARK STREET AUBURNDALE FL 33823 US	Mailing Address 111 EAST PARK ST. AUBURNDALE FL 33823
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

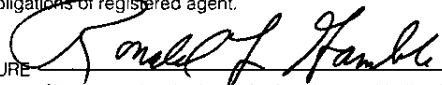


MOORE CR2E037 (11/03)

4. FEI Number 59-3151989	Applied For <input type="checkbox"/> Not Applicable
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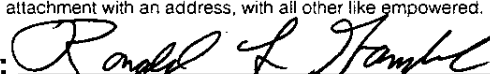
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRABER, RAY 111 EAST PARK STREET AUBURNDALE FL 33823	7. Name and Address of New Registered Agent Name: Ron Gamble Street Address (P.O. Box Number is Not Acceptable): 111 East Park Street City: Auburndale FL Zip Code: 33823
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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: 	DATE: 2/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PPD NAME: WHATLEY, CINDY STREET ADDRESS: 111 EAST PARK STREET CITY-ST-ZIP: AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Delete	TITLE: VP Finance NAME: Dave Dersheimer STREET ADDRESS: 111 East Park St. CITY-ST-ZIP: Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: HARPER, SHARON STREET ADDRESS: 111 EAST PARK STREET CITY-ST-ZIP: AUBURNDALE FL 33823-3496	<input checked="" type="checkbox"/> Delete	TITLE: VP Administration NAME: Gail Smith STREET ADDRESS: 111 East Park St. CITY-ST-ZIP: Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: GRABER, RAY STREET ADDRESS: 111 EAST PARK STREET CITY-ST-ZIP: AUBURNDALE FL 33823-3496	<input type="checkbox"/> Delete	TITLE: Past President NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PED NAME: GAMBLE, RON STREET ADDRESS: 111 EAST PARK ST CITY-ST-ZIP: AUBURNDALE FL 33823-3496	<input type="checkbox"/> Delete	TITLE: President NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: CYPHERT, DIANNA STREET ADDRESS: 111 EAST PARK STREET CITY-ST-ZIP: AUBURNDALE FL 33823-3496	<input type="checkbox"/> Delete	TITLE: President Elect NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILSON, DRU STREET ADDRESS: 111 EAST PARK ST. CITY-ST-ZIP: AUBURNDALE FL 33823	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: 	DATE: 2/12/04 DAYTIME PHONE: 863-967-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	