2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Principal Place 3810 WEST N TAMPA, FL 3	N LEGION CEMETERY CC of Business (ENNEDY BLVD, 13609 ace of Business	Mailing Address 4510 S GRADY AVE TAMPA, FL 33611 3. Mailing Address 4405 W VASCONIA ST Suite, Apt. #, etc. City & State TAMPA FL Zip 33629-8325 HILLSBORO		9ECRETART SECRETART ALL AHASSE 07082004 Cr 4. FEI Number 59-324396 5. Certificate of St	4. FEI Number Applied For S9-3243962 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required			
SPRINGSTON, HERBERT,R 4510 GRADY AVE TAMPA, FL 33611			Name ROSE		7. Name and Address of New Registered Agent EMARY: HAMBLIN. (P.O. Box Number is Not Acceptable) W VASCONIA ST APA FL Zip 50029 - 8325			
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 Stopdaure, typed or printed pages of registered agent and title of applicables. (NOTE: Registered Agent algorithms required when reinstating) DATE								
Amended AR is \$61.25		Election Campaign Financing Trust Fund Contribution,		\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR VD JOHNSON, TOM J 4619 W BROWNING AVE TAMPA, FL 336296505	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, DANIEL W 3914 OKLAHÓMA ST TAMPA, FL 33616	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 09/24/	004132 04010500			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, SARA 3626 GARWASIA ZAV TAMPA, FL 33529	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D HANDSCHY, GLEN G 3813 W ROGERS AVE TAMPA, FL 33611	₩ Deiste	TITLE I NAME STREET ADDRESS CITY-ST-ZIP'	O CHESTER FI 12003 DOG RIVERVIEW	ROST NOOD WAY FL 33568-		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORES, AGNES D 4902 BAYSHORE BLVD APT 811 TAMPA, FL 336113866	Ži Delela ∶	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIANNE 2409 S LO TAMPA S LO	MATTHEWS IS 33629	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRINGSTON, HERBERT R. 4510 S. GRADY AVE. TAMPA, FL 33611	Å Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TROSEMARY 4405 W VA TAMPA FL	HAMBLIN SCONIA ST 33629-8325		Addition	
46 Ibaarba	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: SIGNATURE: Date: Date: Date: Date: Date: Date: Desprine Proce 9							
indicated of the cor changed,	poration of the receives or trustee empo or on an attachment with an address, v	wered to execute this report with all other like empowered.	Slin	r 617, Florida Statutes; ar		s in Block 10 or	Block 11 if	