2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2004 8:00 am Secretary of State



Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Ar Fee Required Street Agent 7. Name and Address of New Registered Agent Name STRODE, BARBARA J 3226 RINGWOOD MEADOW SARASOTA, FL 34235 City FL Zip Co	applied For tot Applicable tiditional ed
Suite, Apt. #, etc. Suite, Apt. #, etc. O3252004 Chg-NP CR2E037 (10/03) City & State City & State City & State Country Zip Country Country 5. Certificate of Status Desired Fee Require 6. Name and Address of Current Registered Agent Name STRODE, BARBARA J 3226 RINGWOOD MEADOW SARASOTA, FL 34235 City FL Zip Co	applied For tot Applicable tiditional ed
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 At Fee Requirements of Current Registered Agent 7. Name and Address of New Registered Agent Name STRODE, BARBARA J 3226 RINGWOOD MEADOW SARASOTA, FL 34235 City FL Zip Co	dditione! ed
STRODE, BARBARA J 3226 RINGWOOD MEADOW SARASOTA, FL 34235 City Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co	
STRODE, BARBARA J 3226 RINGWOOD MEADOW SARASOTA, FL 34235 City FL Zip Co	
3226 RINGWOOD MEADOW SARASOTA, FL 34235 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co	
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	, and accept
	, and accept
 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 the obligations of registered agent. 	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NDTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2004 9. Election Campaign Financing Added to Fees Forda Department of	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 10
TITLE TD Delete TITLE COOK, CONSTANCE NAME	Addition
STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 STREET ADDRESS CITY-S1-ZIP STREET ADDRESS	
TITLE PD Delete TITLE PD MAKE WHETZEL, GWEN NAME MIDDLETON, JUDY. STREET ADDRESS 2805 MAYFLOWER STREET STREET ADDRESS 16626 WINBURN DRIVE	Addition
STREET ADDRESS 2805 MAYFLOWER STREET CITY-ST-ZIP SARASOTA, FL 34231 STREET ADDRESS 16626 WINBURN DRIVE CITY-ST-ZIP SARASOTA, FL 34240	
TITLE 2VPD Delete TITLE Change NAME REED, GLENDA NAME	Addition
STREET ADDRESS 5729 AUGUSTA CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-ZIP	
TITLE 1VPD NAME GOFF, ROSE NAME PRYOR, Barbara	, ,
STREET ADDRESS 647 HUDSON AVENUE STREET ADDRESS 5385 LAKE ARROWHEAD TRAIL CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP SARASOTA, FL 34231	
TITLE RS Detelle TITLE RS SCHARGE NAME BENNETT, BARBARA SIREEI ADDRESS 2350 GULF GATE DRIVE APT. 382 CITY-SI-ZIP SARASOTA, FL 34231 TITLE RS SCHARGE RS SCHARGE RS SCHARGE RS SOLD THE STREET ADDRESS SCHARGE BLVD, CITY-SI-ZIP SARASOTA, FL 34243	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME Change Change Change CITY-ST-ZIP	Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

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