


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003700</b>		
1. Entity Name <b>COMMUNITY LOVE CENTER OF FORT WALTON BEACH, INC.</b>		
Principal Place of Business <b>PO BOX 5131 FT WALTON BEACH, FL 32549</b>		Mailing Address <b>PO BOX 5131 FT WALTON BEACH, FL 32549</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WILLIAMS, DWIGHT L 2751 KEATS DR CRESTVIEW, FL 32536</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U000000132509 04/27/04-80049-012 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, NATHANIEL JR 949 POCOHONTAS DR FT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DWIGHT L 2751 KEATS DR CRESTVIEW, FL 32539	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JAMES 1018 37TH STREET NICEVILLE, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, GLEN 4 CINDERELLA COURT FT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, GEORGE R 41 MARLBOROUGH RD SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE: GLEN LEE, Glen Lee</b>		<b>23 APR 04 (950) 882-5543</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>