


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

461.25

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| DOCUMENT # N93000005803 |  |
| 1. Entity Name PWFCID, INCORPORATED | |

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|---|---|
| Principal Place of Business 2666 SHANNON STREET ORANGE PARK, FL 32965 | Mailing Address 2666 SHANNON STREET ORANGE PARK, FL 32965 |
|---|---|

DO NOT WRITE IN THIS SPACE

FILED

04 JUL 14 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07142004 No Chg-NP CR2E037 (10/03) *MRD*

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| 4. FEI Number 59-3290602 | Applied For 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 TINNEY, MATTHEW JR. 1048 ENNISON ST. GREEN COVE SPRINGS, FL 32043 |
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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.

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|------------------|--|------------|
| SIGNATURE: _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|------------------|--|------------|

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| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AWINE, PATRICK 2624 SHOPRSBURG COURT MIDDLEBURG, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HAMPSHIRE, FELECIA 508 FRANKLIN ST GREEN COVE SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HENRY, MICHAEL 703 MILL ST GREEN COVE SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BATTLES, CHARLES 407 PALM ST GREEN COVE SPRINGS, FL 32043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROOSEVELT, PAIGE 2666 SHANNON ST. ORANGE PARK, FL 32065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HAMPSHIRE, CLARENCE 508 FRANKLIN STREET GREEN COVE SPRINGS, FL 32043 |

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07/26/04--01063--021 **122.50

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.

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|-------------------------------|----------------------|------------------------|
| SIGNATURE: <i>[Signature]</i> | Date: <i>7/14/04</i> | Daytime Phone #: _____ |
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