2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2004 8:00 am Secretary of State 02-17-2004 90010 022 ****61.25

Principal Place of Business 243 E. LAKE AVENUE AUBURNDALE, FL 33823 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Type Country Country Suite, Apt. #, etc. Country Type Country Suite, Apt. #, etc. Country Type Country Suite, Apt. #, etc. Country Type Country Suite, Apt. #, etc. Count
Suite, Apt. #, etc. Suite, Apt. #, etc. O2102004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number O4-3637846 Not Applied For O4-3637846 Zip Country Tip Country Tip Country Tip Country To Country To Name and Address of New Registered Agent Name HANCOCK, BRENDA
City & State City & State City & State City & State 4. FEI Number O4-3637846 Not Applied For Not Applicable Country 5. Certificate of Status Desired Fee Required Name HANCOCK, BRENDA City & State City & State Applied For Not Applicable State 7. Name and Address of New Registered Agent Name
Zip Country Zip Country 5. Certificate of Status Desired Status Desired Fee Required 6. Name and Address of Current Registered Agent Name HANCOCK, BRENDA Not Applicable 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name HANCOCK, BRENDA
HANCOCK, BRENDA
ALIDLIDADALE EL 22022
AUBURNDALE, FL 33823
· City FL Zip Code
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
Signature, typed or printed name of registered agent and fittle it applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State:
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME SURRENCY, TERRI NAME
STREET ADDRESS 1 PINE RUN STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-ZIP
ITILE VP9- President □ Delete ITILE President ☑ Change □ Addition
NAME LINDELL, JENNIFER NAME STREET ADDRESS 181 BERGEN CIRLCE STREET ADDRESS
CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP
TITLE - SD - TITLE - Change Addition NAME KEY, LINDA
STREET ADDRESS PO BOX 1127 CITY-ST-ZIP AUBURNDALE, FL 33823 CITY-ST-ZIP CITY-ST-ZIP
TITLE TD \$\frac{\text{XI}}{\text{Delete}} \tag{TITLE} \qquad \qquad \text{Change} \qquad \text{Addition}
NAME RODRIGUEZ, ALICE NAME . STREET ADDRESS 1650 TYNER RD. STREET ADDRESS
CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-ZIP
TITLE Delete TITLE Secretary Change Anddition NAME Dawn Andrews
STREET ADDRESS STREET
TITLE ☐ Delete TITLE Treasurer ☐ Change 🔼 Additio
NAME STREET ADDRESS CITY-ST-ZIP NAME Brenda Hancock 108 Van Fleet Court Auburndale, FL 33823
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 attacpment with an address, with all other like empowered.
SIGNATURE: Signature: 2/10/04 863-967-3557