

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90011 043 ****61.25

DOCUMENT # N94000003387					
1. Entity Name THE SILVER CORD, INC.					
Principal Place of Business 101 CENTURY 21 DR 206 JACKSONVILLE, FL 32216 US			Mailing Address 101 CENTURY 21 DR 206 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business 10941 Whitworth Ct. Suite, Apt. #, etc. Jay FL City & State		3. Mailing Address 3948 3rd Street South Suite, Apt. #, etc. #332 Jay Beach FL City & State			
Zip 32225 Country US		Zip 32250 Country US		06172004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3249651				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CLARY, PATRICIA M 101 CENTURY 21 DR 206 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3948 3rd Street South #332 City Jay Beach FL Zip Code 32250		
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: <i>Patricia M. Clary</i> (NOTE: Registered Agent signature required when reconstituting) DATE: 6-1-04					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	CLARY, PATRICIA M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARY, PATRICIA M		NAME	CLARY, PATRICIA M	
STREET ADDRESS	10941 WHITWORTH CT		STREET ADDRESS	10941 WHITWORTH CT	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	BROWN, JULIE A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JULIE A		NAME	BROWN, JULIE A	
STREET ADDRESS	1 INDEPENDENCE DR		STREET ADDRESS	1 INDEPENDENCE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	MORRIS, JANENE M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JANENE M		NAME	MORRIS, JANENE M	
STREET ADDRESS	1644 W. EDGEWOOD AVENUE		STREET ADDRESS	1644 W. EDGEWOOD AVENUE	
CITY-ST-ZIP	INDIANAPOLIS, IN		CITY-ST-ZIP	INDIANAPOLIS, IN	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <i>Patricia M. Clary</i>		6-1-04		904-723-3600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	