


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90033 037 \*\*\*\*61.25

<b>DOCUMENT # N94000003387</b>		
1. Entity Name THE SILVER CORD, INC.		
Principal Place of Business 10941 WHITWORTH CT. JACKSONVILLE, FL 32225 US	Mailing Address P.O. BOX 350337 JACKSONVILLE, FL 32235 US	



07092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3249651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CLARY, PATRICIA M 10941 WHIT WORTH COURT JACKSONVILLE, FL 32225
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**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARY, PATRICIA M P.O. BOX 351452 JACKSONVILLE, FL 32235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JULIE A 1 INDEPENDENCE DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, JANENE M 1644 W. EDGEWOOD AVENUE INDIANAPOLIS, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAY, CYNTHIA Grider, Cynthia PO BOX 1846 304 PONTE VEDRA BEACH, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Patricia M. Clary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-7-08 904-723-3600*  
Date Daytime Phone #