2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000003433

1. Entity Name



FILED Jan 29, 2004 8:00 am Secretary of State 01-29-2004 90076 013 ****61.25

Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required F	200 COMMONWEALTH AVE POLK CITY FL 33868 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Commonwealth Ave PHERSON, GL 200 COMMONWE	200 COMM POLK CITY 3. Mailing Ac Suite, Ap City & Ste	ONWEALTH AVE FL 33868 idress t. #, etc.				(02)	
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Size Country Zip Country Sp. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Re	6. Name and A MCPHERSON, GL 200 COMMONWE	ountry Zip				MOORE CR2E037 (11/03)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCPHERSON, GUY 200 COMMONWEALTH AVE POLK CITY FL 33868 City Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Signature Signature: Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) PILE: NOW:: FEE: IS:\$61:25 Due By May 1, 2004 PILE: NOW:: FEE: IS:\$61:25 Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SIREET ADDRESS G31 TAVARES ROAD POLK CITY FL 33868 CITY ST-Zip POLK CITY FL 33868	6. Name and A MCPHERSON, GL 200 COMMONWE		Coi				Not Applicable	
MCPHERSON, GUY 200 COMMONWEALTH AVE POLK CITY FL 33868 City 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 FILE NOW: FEE IS \$61:25 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. MAKE Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY ST-ZIP POLK CITY FL 33868 CITY ST-ZIP NAME STREET ADDRESS CITY ST-ZIP COMMONWEALTH AVE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code NATE Address (P.O. Box Number is Not Acceptable) City FL Zip Code NATE Address (P.O. Box Number is Not Acceptable) City FL Zip Code NATE Address (P.O. Box Number is Not Acceptable) City FL Zip Code NATE Address (P.O. Box Number is Not Acceptable) City FL Zip Code NATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition Change Change Addition Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change	MCPHERSON, GL 200 COMMONWE	ddress of Current Registered Age		untry		☐ Fee R	tequired	
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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.

GUY F MC PHERSON

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