


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

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90267 039 \*\*\*\*61.25

<b>DOCUMENT # N94000003775</b>			
1. Entity Name <b>EUCHEEANNA "OLD SCHOOL HOUSE" COMMUNITY CENTER, INC.</b>		Mailing Address <b>PO BOX 122 ARGYLE FL 32422 US</b>	
Principal Place of Business <b>301 MCKINNON BRIDGE ROAD PONCE DE LEON FL 32455 US</b>		Mailing Address <b>PO BOX 122 ARGYLE FL 32422 US</b>	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3260921</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>ARMSTRONG, JAMES 8823 CO HWY 280 E DE FUNIAK SPGS FL 32433</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD Delete <input type="checkbox"/>	NAME PEACOCK, BRUCE STREET ADDRESS 529 CAMPBELL RD CITY-ST-ZIP DE FUNIAK SPGS FL 32433	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME ARMSTRONG, MARY STREET ADDRESS 8823 COUNTY HWY 280E CITY-ST-ZIP DEFUNIAC SPRINGS FL 32433	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME DOUGLASS, DEWYNE STREET ADDRESS 605 SCOTT RD CITY-ST-ZIP DEFUNIAC SPRINGS FL 32433	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME ODOM, PAM STREET ADDRESS 4277 E HWY 90 CITY-ST-ZIP DEFUNIAC SPRINGS FL 32433	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME BROWN, WAYNE STREET ADDRESS 1759 RED HILL BRIDGE RD CITY-ST-ZIP PONCE DE LEON FL 32455	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME LOCKE, MARY STREET ADDRESS 7151 COUNTY HWY 280 E CITY-ST-ZIP DEFUNIAC SPRINGS FL 32435	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: Mary E. Armstrong MARY E. ARMSTRONG 4-26-04 850-892-9534