

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003989

FILED
Jan 08, 2005
Secretary of State

Entity Name: FOCUS: FORMER CULTIST SUPPORT, INC.

Current Principal Place of Business:

31 AUDOBON WAY BULOW VILLAGE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

31 AUDUBON WAY BULOW VILLAGE
FLAGLER BEACH, FL 32136

Current Mailing Address:

P.O. BOX 2180
FLAGLER BEACH, FL 321362180

New Mailing Address:

FEI Number: 59-3262344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIAMBALVO, CAROL
31 AUDOBON WAY BULOW VILLAGE
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

GIAMBALVO, CAROL
31 AUDUBON WAY BULOW VILLAGE
FLAGLER BEACH, FL 32136 US

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.

SIGNATURE: CAROL GIAMBALVO

01/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SEELHOFF, RICK
Address: 16916 121ST STREET KPN
City-St-Zip: GIG HARBOR, WA

Title: DPS () Delete
Name: GIAMBALVO, CAROL
Address: 21 AUDUBON WAY
City-St-Zip: FLAGLER BEACH, FL 32136

Title: DAT () Delete
Name: TAYLOR, MARY
Address: 4 DELAVERGNE AVE
City-St-Zip: WAPPINGERS FALLS, NY 12590

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change () Addition
Name: GIAMBALVO, CAROL
Address: 31 AUDUBON WAY
City-St-Zip: FLAGLER BEACH, FL 32136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL GIAMBALVO

PRES

01/08/2005

Electronic Signature of Signing Officer or Director

Date