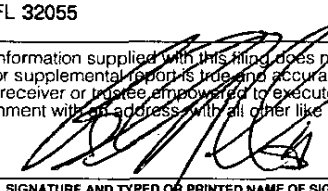


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90470 038 ****61.25

DOCUMENT # N95000001077			
1. Entity Name NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.			
Principal Place of Business 1232 BAYA AVENUE LAKE CITY FL 32055 US		Mailing Address PO BOX 2407 LAKE CITY FL 32056 US	
2. Principal Place of Business 8725W Jaguar Dr.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, & State Lake City, FL.		City & State	
Zip 32025	Country	Zip	Country
6. Name and Address of Current Registered Agent CRAWFORD, STANLEY RT. 10 BOX 970 LAKE CITY FL 32025		7. Name and Address of New Registered Agent Name 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be 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	D MANGRUM, DAVID RT 6 BOX 323 LAKE CITY FL 32025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doranne Maxson P.O. BOX 3239 Lake City, FL 32056 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALTIWANGER, LONNIE P.O. BOX 2199 LAKE CITY FL 32056 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Deeler P.O. BOX 2322 Lake City, FL 32056 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNS, BILL 4929 104TH TERRACE LIVE OAK FL 32060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, STEPHEN 991 SW CHARLESTON CT LAKE CITY FL 32025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEN, SAMMY 764 SW RIVERSIDE FT WHITE FL 32038 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Keen, Sammy 764 SW Riverside Ft. White, FL 32038 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNDE, BLAKE N II 119 GRAY GLEN LAKE CITY FL 32055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lunde, Blake N. II 119 Gray Glen Lake City, FL 32055 ☒ Change ☐ Addition
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: 		Blake N. Lunde, II 4/29/04 (386) 754-5810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54053713



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required