2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001721

FILED Sep 09, 2004 Secretary of State

Entity Name: CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF GAINESVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

4300 WEST CYPRESS ST.

SUITE 600

TAMPA, FL 33607

New Mailing Address:

Current Mailing Address: 4300 WEST CYPRESS ST.

SUITE 600 TAMPA, FL 33607

FEI Number: 59-2190900

FEI Number Applied For ()

218 PAUL MCCLURE COURT CASSELBERRY, FL 32707

218 PAUL MCCLURE COURT

CASSELBERRY, FL 32707

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET

TALLAHASSEE, FL 32301 US

DRIGGERS, KATHLEEN 218 PAUL MCCLURE COURT CASSELBERRY, FL 32707 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: KATHLEEN DRIGGERS

09/09/2004

Electronic Signature of Registered Agent

Date

() Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Name: TYNDALL, R

Name: TY Address: 45

ess: 4518 SW 92TH TERR

City-St-Zip: GAINESVILLE, FL 32608

Title:

VPD () Delete

Name:

TURER, RICHARD

Address:

14255 49 ST N., #1

City-St-Zip:

CLEARWATER, FL 33762

Title:

Name:

TD () Delete DIGGERS, KATHLEEN

Address: City-St-Zip: 218 PAUL MCCLURE CT CASSELBERRY, FL 32707 Address: City-St-Zip:

Title: VPD

ile:

VPD (X) Change () Addition DRIGGERS, KATHLEEN

Name: DRIGGERS,

Address: 218 PAUL MCCLURE COURT

City-St-Zip:

Name:

CASSELBERRY, FL 32707

Title:

ΓD (X) Change () Addition

Name: Address: DRIGGERS, KATHLEEN 218 PAUL MCCLURE CT

City-St-Zip: CASSELBERRY, FL 32707

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: KATHLEEN DRIGGERS TD

Electronic Signature of Signing Officer or Director

Date

09/09/2004