

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

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90070 041 \*\*\*\*61.25

**DOCUMENT # N96000002569**

1. Entity Name

T.D.A.T.C., INC.



Principal Place of Business

314 DIXIE STREET  
CROSS CITY FL 32628

Mailing Address

PO BOX 638  
CROSS CITY FL 32628

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

59-3433491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WILLMONTEEN R  
314 DIXIE STREET  
CROSS CITY FL 32628

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: D ☐ Delete  
NAME: MALCOLM, W R  
STREET ADDRESS: 1581 BOULDERWOOD DR SE  
CITY-ST-ZIP: ATLANTA GA 30316

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D ☐ Delete  
NAME: CHARLTON, LEE ANN  
STREET ADDRESS: 1211 W. 7TH ST.  
CITY-ST-ZIP: LIVE OAK FL 32060

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D ☐ Delete  
NAME: PHILMORE, FELONZIE  
STREET ADDRESS: 1215 W. 7TH ST.  
CITY-ST-ZIP: LIVE OAK FL 32060

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D ☐ Delete  
NAME: PERKINS, MAURINE  
STREET ADDRESS: 505 LAFFAYETTE AVE  
CITY-ST-ZIP: LIVE OAK FL 32060

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D ☐ Delete  
NAME: FEWS, IRENE  
STREET ADDRESS: PO BOX 611  
CITY-ST-ZIP: PERRY FL 32348

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D ☐ Delete  
NAME: CRAWL, JAFFRY LEE  
STREET ADDRESS: P.O. BOX 1685  
CITY-ST-ZIP: OLD TOWN FL 32628

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 542-2467

April 26, 2004