

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 08, 2004
Secretary of State**

DOCUMENT# N96000002963

Entity Name: REGIONS BEYOND INTERNATIONAL INC.

Current Principal Place of Business:

10024 NATURAL WELLS DR N
TALLAHASSEE, FL 32311

New Principal Place of Business:

10024 NATURAL WELLS DR N
TALLAHASSEE, FL 32305 US

Current Mailing Address:

P.O. BOX 18
WOODVILLE, FL 32362

New Mailing Address:

FEI Number: 59-3407780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERY, STEVEN R
10024 NATURAL WELLS DR. N
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

VICKERY, STEVEN R
10024 NATURAL WELLS DR. N
TALLAHASSEE, FL 32305 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: _____ Date: 03/08/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

- Title: PD () Delete
Name: MCDONALD JR, BRUCE D
Address: 354 DREADNAUGHT CT.
City-St-Zip: TALLAHASSEE, FL 32312
- Title: VD () Delete
Name: MCDONALD, REBECCA H
Address: 354 DREADNAUGHT CT.
City-St-Zip: TALLAHASSEE, FL 32312
- Title: STD () Delete
Name: VICKERY, STEVE
Address: 10024 NATURAL WELLS DR N
City-St-Zip: TALLAHASSEE, FL 32311
- Title: D () Delete
Name: RUSSI, PATRICK K
Address: 984 PAUL THOMPSON ROAD
City-St-Zip: MONTICELLO, FL 32344
- Title: D () Delete
Name: CABELL, TOM
Address: 6440 KINGMAN TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- 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: STEVEN R. VICKERY STD 03/08/2004
Electronic Signature of Signing Officer or Director Date