

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002963

FILED  
Feb 09, 2005  
Secretary of State

Entity Name: REGIONS BEYOND INTERNATIONAL INC.

**Current Principal Place of Business:**

10024 NATURAL WELLS DR N  
TALLAHASSEE, FL 32305 US

**New Principal Place of Business:**

**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 32305 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**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: D (X) Change ( ) Addition  
Name: RUSSI, PATRICK K  
Address: 3998 FORSYTHE PARK COURT  
City-St-Zip: TALLAHASSEE, FL 32309

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

02/09/2005

Electronic Signature of Signing Officer or Director

Date