2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004121



FILED Jan 20, 2004 8:00 am Secretary of State

HIWAY PAI	RK BLACK BUSINESSME	EN ASSOC	. INC.		9		01 20 200	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Principal Place of Business Mailing Address 108 MAIN STREET 108 MAIN STREET LAKE PLACID, FL 33852 LAKE PLACID, FL 33852						# CONTRACT # 10 (M)					
2. Principal Pla	ce of Business	3. Mailing	Address	,	······································						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132004	Chg-NP	CR2E037	7 (10/03)			
City & State		City & State				4. FEI Number 65-07043	311			lied For Applicable	
Zip	Country	Zip		Cou	intry	5. Certificate of		U 6	8.75 Additi ee Required	ional	
	- 6. Name and Address of Current	t Registered A	gent			7. Name and A	ddress of New R	egistered A	gent		
	- 6. Name and Address of Current		9-:		Name					1	
HAWFHORNE, MELVIN 108 MAIN STREET					Street Address (P.O. Box Number is Not Acceptable)						
LAKE PLACID, FL 33852											
					City			FL	Zip Code		
the obligation	named entity submits this statement ons of registered agent.										
	Signature, typed or printed name of registered age	ent and title if applicat	ble. (NOTE	: Register	ed Agent signature red	quired when reinstating)	·	DATE			
	Signature, typed or printed name of registered age Fifting Fee Is \$61.25 Due by May 1, 2004	ent and title if applice!	9. Election Car Trust Fund C	npaign	Financing	\$5.00 May Be Added to Fees	Fio	lake checi rida Depar	payable to tment of St	ate	
_	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Car	npaign	Financing ution.	\$5.00 May Be	Fio	lake checi rida Depar	tment of St	10	
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TELF

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Delete