
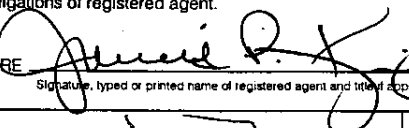
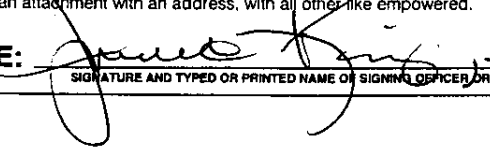


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|--|---|---|--|--|--|
| DOCUMENT # N97000000563 | | | |  | |
| 1. Entity Name SAINT JOHNS RIVER COMMUNITIES IN PARTNERSHIP, INC. | | | | | |
| Principal Place of Business 1400 REID STREET ROOM #11 PALATKA, FL 32177 US | | | Mailing Address P.O. BOX 727 PLATKA, FL 32178-0727 US | | |
| 2. Principal Place of Business 305 N STATE ST | | 3. Mailing Address P.O. Box 220 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Bunnell FL | | City & State Bunnell FL | | 4. FEI Number 31-1520986 | |
| Zip FL | | Country U.S. | | Applied For Not Applicable | |
| Zip FL 32110 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RYLES, MEVLYN 1400 REID STREET ROOM #11 PALATKA, FL 32177 | | | 7. Name and Address of New Registered Agent Name: James King Street Address (P.O. Box Number is Not Acceptable): 305 N STATE ST City: Bunnell FL Zip Code: 32110 0220 | | |
| 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:  (NOTE: Registered Agent signature required when reinstating) 400031276994 03/26/04--01062-016 ***96.25 DATE: 3/16/04 | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | CEO RYLES, MEVLYN 1400 REID STREET PALATKA, FL 32177 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR, King, James 305 N STATE ST BUNNELL FL 32110 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C FRAZIER, BEVERLY 2199 ASTER STREET, UNIT 305 ORANGE PARK, FL 32073 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAIR, LINKE, LYNDIA 201 S. LEMON ST BUNNELL FL 32110 1598 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUNNINGHAM, ERNESTINE ROUTE 3, BOX 161 INTERLACHEN, FL 32148 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE CHAIR, RASPET, Mary 216 S. 6th ST PALATKA, FL 32177 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAPPELL, ELSIE 80 RAILROAD STREET ESPANOLA, FL 32210 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY, JORDAN, Betty 4011 US Hwy 17 ORANGE PARK FL 32003 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROOKS, ROBERT 103 POINT PLEASANT DRIVE PALM COAST, FL 32137 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer, Myers, Linda 1419 REID ST PALATKA, FL 32177 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC ASHLEY, MAGGIE RTE 6 BOX 1120 PALATKA, FL 32177 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | James King Date: (384) 437-0392 Daytime Phone # | | |