2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005
Secretary of State

DOCUMENT# N97000002144

Entity Name: SIDEWALK ACTION TEAM, INC.

Current Principal Place of Business:

403 EUCLID AVE.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 490921
LEESBURG, FL 347490208

New Mailing Address:

POST OFFICE BOX 490921
LEESBURG, FL 347490921

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOWE, REX I
403 EUCLID STREET
LEESBURG, FL 34748 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: PSD ( ) Delete
Name: LOWE, REX I
Address: 403 EVELID AVE.
City-St-Zip: LEESBURG, FL 34748

Title: VD ( ) Delete
Name: SANDERS, GORDON L
Address: 723 MARIETTA ST
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: MITTCHELL, PERNELL
Address: 1920 FERN CIRCLE
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: MURPHY, DAVID A
Address: 2833 SE LAKE WEIR ROAD
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete
Name: GANUS, KEVIN E
Address: P.O. BOX 554 N/A
City-St-Zip: EUSTIS, FL 32727

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:

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: REX I. LOWE PSD 07/27/2005
Electronic Signature of Signing Officer or Director — Date