

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90046 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                     |                                                                        |                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N97000002754</b><br>1. Entity Name<br><b>THE LA SALLE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |                                                                                     |                                                                        |                                                                                      |  |
| Principal Place of Business<br><b>373 COLONY KEY CIRCLE<br/>ATLANTIS, FL 33462</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                     | Mailing Address<br><b>373 COLONY KEY CIRCLE<br/>ATLANTIS, FL 33462</b> |                                                                                                                                                                       |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             | 3. Mailing Address                                                                  |                                                                        |                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             | Suite, Apt. #, etc.                                                                 |                                                                        |                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             | City & State                                                                        |                                                                        |                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                     | Zip                                                                                 | Country                                                                | 4. FEI Number<br><b>50-2536560 76-0749821</b>                                                                                                                         |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                                     |                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                     |                                                                        | 7. Name and Address of New Registered Agent                                                                                                                           |  |
| <del>HERNANDEZ, ISABEL</del><br><del>323 S FEDERAL HIGHWAY #9</del><br><del>LAKE WORTH, FL 33460</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                                                                                     |                                                                        | Name <b>Ms. Marty Carson</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>323 S. Federal Hwy #4</b><br>City <b>Lake Worth</b> FL Zip Code <b>33460</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                                     |                                                                        | DATE <b>3/10/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                    |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                        | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                          |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                     |                                                                        |                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                  |                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>NIEMI, MATT</b><br><b>323 S FEDERAL HWY</b><br><b>LAKE WORTH, FL 33460</b>          | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <b>President, P/D</b><br><b>Mr Calvin L. Neumann</b><br><b>1224 Huntingdon Rd</b><br><b>Winston-Salem, NC 27104</b>                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>DIMILO, MICHELE</b><br><b>323 S FEDERAL HWY</b><br><b>LAKE WORTH, FL 33460</b>      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <b>Treasurer T/D</b><br><b>Ms. Tommye Jolly Tinkham</b><br><b>373 Colony Key Circle</b><br><b>Atlanta FL 33462</b>                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>HERNANDEZ, ISABEL</b><br><b>323 S FEDERAL HWY #9</b><br><b>LAKE WORTH, FL 33460</b> | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <b>Secretary S/D</b><br><b>Ms. Marty Carson</b><br><b>323 S. Federal Hwy #4</b><br><b>Lake Worth FL 33460</b>                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>NELSON, RAAKEL</b><br><b>323 S FEDERAL HWY</b><br><b>LAKE WORTH, FL 33460</b>       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                                                     | 10 March 2004 336-765-5585<br><small>Date Daytime Phone #</small>      |                                                                                                                                                                       |  |