2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # N97000003843 02-04-2004 90044 038 ****70 00 OAKLAND NATURE PRESERVE, INC. Principal Place of Business Mailing Address 220 TUBB STREET POST OFFICE BOX 98 OAKLAND, FL 34760 OAKLAND, FL 34760 2. Principal Place of Business 3. Mailing Address 205+ Off 47 Machete Suite, Apt. #. etc. 01272004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3464532 Applied For (9 MCI A -10<u>(</u> DO DANCIand Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hassewu AMON, JACK 220 TUBB STREET Street Address (P.O. Box Number is Not Acceptable) OAKLAND, FL 34760 Machete 21p Code 34760 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 Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ₩TLE Delete PD TITLE AMON: JACK NAME NAME Mas, James 220 TUBB ST STREET ADDRESS STREET ADDRESS 908 Tilden Rd CTQ-ST-ZP OAKLAND, FL 34760 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ■ Addition ROLF, KUHNS NAME NAME 17569 SEIDNER STREET ADDRESS STREET ADDRESS CITY-ST-712 WINTER GARDEN, FL. 34787 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition PINTO, YVONNE NAME -NAME STREET ADDRESS 921 SIMEON DR STREET ADDRESS CITY-ST-7P OAKLAND, FL 34760 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ΠΠF Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ПΠЕ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 656-827 27/04 JAMES MILTON THOMAS MG

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED