
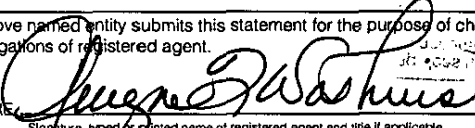
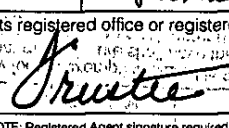
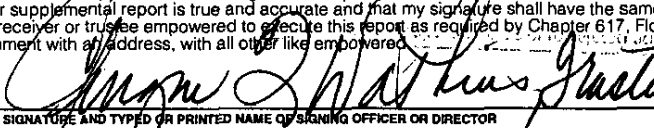


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-20-2004 90003 029 ****61.25

DOCUMENT # N97000004284 1. Entity Name VIRGINIA SCOTT THOMAS FAMILY FOUNDATION, INC.					
Principal Place of Business 3003 SOUTH HIGHWAY 77 SUITE A LYNN HAVEN, FL 32444			Mailing Address 3003 SOUTH HIGHWAY 77 SUITE A LYNN HAVEN, FL 32444		
2. Principal Place of Business 2589 Jenks Ave Suite, Apt. #, etc.			3. Mailing Address 2589 Jenks Ave. Suite, Apt. #, etc.		
City & State Panama City, FL Zip 32405 Country			City & State Panama City, FL Zip 32405 Country		
4. FEI Number 59-3359915			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HARE, DIANE 3003 SOUTH HIGHWAY 77 SUITE A LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name Diane C. Hare, CPA Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks Ave. City Panama City FL Zip Code 32405		
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:   DATE: 2/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAMER, CAROLYN		NAME		
STREET ADDRESS	112 BUNKERS COVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATKINS, VIRGINIA		NAME		
STREET ADDRESS	3555 KNOLLWOOD DRIVE, NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30305		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVERSTREET, MICHAEL		NAME		
STREET ADDRESS	8215 PALM BEACH COVE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE: 2/1/04 DAYTIME PHONE #: 404-231-9047 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

34008923



01192004 Chg-NP CR2E037 (10/03)