

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005372

Entity Name: THE WAYFARERS, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1930 LAND O
LAND O, FL 34639

New Principal Place of Business:

Current Mailing Address:

2523 MARTHA LN.
LAND O, FL 34639

New Mailing Address:

FEI Number: 59-3488495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUENZEL, DIAN V ESQ.
4111 LAND O
LAND O, FL 34639 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: P () Delete
Name: WEYAND, RUSSELL
Address: 2523 MARTHA LANE
City-St-Zip: LAND O'LAKES, FL 34639

Title: VD () Delete
Name: GARBER, BEVERLY
Address: 2001 BRINSON RD.
City-St-Zip: LAND O'LAKES, FL 34639

Title: SD () Delete
Name: LEWIS, HOWARD
Address: 3327 FOXRIDGE CIRCLE
City-St-Zip: LAND O'LAKES, FL 34639

Title: T () Delete
Name: BOWEN, WILLIAM C
Address: 19811 READING RD.
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: STRAIT, MARY B
Address: 32540 TRILBY RD.
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: FLEMING, DAVID G
Address: 2646 20 MILE LEVEL RD.
City-St-Zip: LAND O' LAKES, FL 34639

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:

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: RUSSELL G. WEYAND

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date