2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2004 8:00 am Secretary of State

Principal Place of Business LAKE PLACID, FL 33852 Discrete April Po BOX 1931 LAKE PLACID, FL 33852 LAKE PLACID, FL 33862 LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 LAKE PLACID, FL 33862 LAKE PLACID, FL	DOCUMENT # N9700005684 1. Entity Name HEREFORD ASSOCIATION OF FLORIDA, INC.						02-05-2004 90006 022 ****61.25				
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	1210 HIGHLA	INDS DRIVE	PO BOX 1931	PO BOX 1931			67690055				
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	2 Principal Place of Business 3 Mailing Address										
City & State	<u>'</u>					, , , , , , , , , , , , , , , , , , , ,			i niile euni (eu (au		
Country Zip Country Sir-Certificate of Status Desired \$8.75 Additional Fee Required Fee Require								Chg-NP	CR2E		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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. 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. 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. The state of Florida Delete of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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. 9. Election Campaign Financing State agent and when renating) 9. Election Campaign Financing State agent added to Fees and Delete State agent. 10. OFFICERS AND DIRECTORS IN 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 17. STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 19. ADDITIONS/C	City & State		City & State				4. FEI Number 65-08357	51			
CHILDS, SARAH K 1210 HIGHLANDS DR LAKE PLACID, FL 33862 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 Signature, typed or printed name of registered agent agent and title 4 applicable. (NOTE: Registered Agers signature resurred when renations) DATE Filling Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS IT US POPULATION OFFICERS AND DIRECTORS IN 10 IT US NAME SIRECT ADDRESS OTH'ST-2P TITLE VP PUTAMA, SALLY SIRECT ADDRESS OTH'ST-2P SUMNER, SID SU	z. Zip	Country	. Zip Co		untry <u> </u>		5. Certificate of 8	Status Desire			
CHILDS, SARAH K 1210 HIGHLANDS DR LAKE PLACID, FL 33862 City FL Zip Code		6. Name and Address of Current F	Registered Agent		Nome		7. Name and Ad	dress of Ne	w Registere	d Agent	
LAKE PLACID, FL 33862 City FL Zip Code	CHILDS, S.	ARAH K			Name	<u>.</u>					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat					Street Ac	ddress (I	P.O. Box Number is	Not Accept	able)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature vyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent agrature required when rentition) DATE					City					Žip Cod	e
The obligations of registered agent. SIGNATURE Signature: yiped or primed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when renstating) Trust Fund Contribution. Deletie Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Added to Fees Provide Department of State Politics, SARAH. P.O. BOX 1931 N/A LAEK PLACID, FL 33862 Trust Fund Contribution. Title NAME STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP SUMNER, SID 399 WEST TYLER STREET BARTOW, FL 338304550 STREET ADDRESS CITY-ST-ZIP BARTOW, FL 338304550 CITY-ST-ZIP BARTOW, FL 338304550 Deletie (NOTE: Registered Agent signature required when renstating) Added to Fees S.5.00 May Be Added to Fees Title Added to Fees Title Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 338304550 CITY-ST-ZIP BARTOW, FL 338304550 Deletie TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARTOW, FL 338304550 CITY-ST-ZIP BARTOW, FL 338304550	9 The above		·	register	ed office or	register	ed anent or both i	n the State o	•	_	and account
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12. Thereby 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.

SIGNATURE: