## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2004 8:00 am Secretary of State

| Principal Place of Business 850 PAIM GLADES DR BELLE GLADE, FL. 33430  2. Principal Place of Business 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Mailing Address 850 PAIM GLADES DR BELLE GLADE, FL. 33430  3. Certificate of Status Devices  4. FS. Marboard FROM Paiglinesis FROM Paigline | _  | <u>~</u>  |  |  |                                | cciciai    | $\mathcal{I}$                           |                                 |
|--|--|---|--|--|--------------------------------|------------|---|---------------------------------|
| 850 PAM GLOES DR BELLE GLADE, FL 33430  851 BALLE GLADE, FL 33430  852 BALLE GLADE, FL 33430  853 BALLE GLADE, FL 33430  852 BALLE GLADE, FL 33430  853 BALLE GLADE, FL 33430  853 BALLE GLADE, FL 33430  855 BALL | 1. Entity Nam  | ne  |  |  | -                              |            |   |                                 |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   City & State   City & City & State   City & | 850 PALM GLADES DR. 850 PALM GLADES DR.  |   |  |  |                                |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 |
| City & State  Country  Country  S. Certificate of Status Desired  S. Settlicate of Status Desired  S. Settlicate of Status Desired  S. Settlicate of Status Desired  S. Mama and Address of Current Registered Agent  Name MEET PAINT  O EVERGLADES STREET  DALLEY, INSERTARI T  Street Address (P.O. Box Number is Not Acceptable)  DO EVERGLADES STREET  STREET AGENTS  STREET AGENTS  STREET AGENTS  STREET AGENTS  DELTE GLADE, FL 33430  STREET AGENTS  STREET AGENTS  DELTE GLADE, FL 33430  STREET AGENTS  STREET AGENTS  DALLEY, INSERT AGENTS  TILE  NAME  STREET AGENTS  STREET AGEN | Principal Place of Business     3. Mailing Address   |   |  |  |                                |            |   |                                 |
| Second 192   Nat Applicable   Second 192   Nat Applicable   Second 192   Second 1   | Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  | 03022004 Chg                   | -NP CR2    | E037 (10/03)                            |                                 |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  DALIEY, NEFERTARIT 20 EVERGLADES STREET BELLE GLADE, FL 33430  3. The above named entity submits this statement for the purpose of changing its registered determine onligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligation agent, or both, in the State of Fonds. I am familiar with, and accept the obligation agent, or both, in the State of Fonds.  FE Place of the State of Fonds.  FE Place of the State of Fonds.  International agent, or both, in the State of Fonds. I am familiar with, and accept the obligation agent of the state of Fonds.  FE Place of The State of F | City & State   |   | City & State   |  | 4. FEI Number<br>65-0840192    |            |   |                                 |
| DALIEY, NEFERTARI T 20 EVERGIADES STREET BELLE GLADE, FL 33430  8. The above named entity submits this statement for the purpose of changing its registatived office or registative deligations of registative deligations of registative agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registative agent agent, or both, in the State of Florida. The manufacture of the obligations of registative agent agen | Zip  |   |  | Country  |                                |            | Fee Required                            |                                 |
| Since   Addition   Addition   Addition   Since   Addition   Additio   | 8. The above the obligat   | GLADES STREET ADE, FL 33430  named entity submits this statement for  | Street Address  20 Ever  City Bell                             | erglades Street  Je Glade FL 33430   |                                |            |   |                                 |
| TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P  | SIGNATURE  | paymunet.   | pure p   |  |                                | <i></i>    | 10/04                                   | <u>-</u>                        |
| NAME SIREET ADDRESS CITY-ST-ZIP  DAILEY, NEFERTARI T 20 EVERGLADES STREET BELLE GLADE, FL 33430  CITY-ST-ZIP  NAME SIMITH, NATHANIEL SIREET ADDRESS CITY-ST-ZIP  Delete NAME SIREET ADDRESS CITY-ST-ZIP  NAME SIREET ADDRESS CITY-ST-ZIP  TITLE T JOHNSON, DONNIA F SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  | SIGNATURE  | Filing Fee is \$61.25   | 9. Election Camp   | paign Financing  | \$5.00 May Be                  |            | • •                                     | o                               |
| TITLE  | ·  | Filing Fee is \$61.25<br>Due by May 1, 2004   | 9. Election Camp<br>Trust Fund Co                              | paign Financing  | \$5.00 May Be<br>Added to Fees | Florida De | partment of St                          | ate                             |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE T   | 10. TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF P DAILEY, NEFERTARI T 20 EVERGLADES STREET   | 9. Election Camp<br>Trust Fund Co                              | paign Financing ntribution.   11.  TITLE NAME STREET ADDRESS   | \$5.00 May Be<br>Added to Fees | Florida De | partment of St                          | ate                             |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF P DAILEY, NEFERTARI T 20 EVERGLADES STREET BELLE GLADE, FL 33430  VP SMITH, NATHANIEL 300 NW 11TH ST LOT 7   | 9. Election Camp<br>Trust Fund Co                              | Daign Financing Intribution.   11.  TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | \$5.00 May Be<br>Added to Fees | Florida De | D DIRECTORS IN  Change                  | 10 Addition                     |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP   | 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  P DAILEY, NEFERTARI T 20 EVERGLADES STREET BELLE GLADE, FL 33430  VP SMITH, NATHANIEL 300 NW 11TH ST LOT 7 BELLE GLADE, FL 33430 S HICKS, SHERRY D 1508 GLADES GLEN DRIVE   | 9. Election Camp Trust Fund Co RECTORS  Delete                 | Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS   | \$5.00 May Be<br>Added to Fees | Florida De | DIRECTORS IN Change                     | 10 Addition                     |
| NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP   | 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                       | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  P DAILEY, NEFERTARI T 20 EVERGLADES STREET BELLE GLADE, FL 33430  VP SMITH, NATHANIEL 300 NW 11TH ST LOT 7 BELLE GLADE, FL 33430 S HICKS, SHERRY D 1508 GLADES GLEN DRIVE BELLE GLADE, FL 33430 T JOHNSON, DONNIA F 1411 SOUTH WEST AVE H | 9. Election Camp Trust Fund Co                                 | Daign Financing Intribution.   11.   TITLE INAME INTITLE INTITLE INAME INTITLE | \$5.00 May Be<br>Added to Fees | Florida De | Change                                  | December 2010 Addition Addition |
|  | 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  P DAILEY, NEFERTARI T 20 EVERGLADES STREET BELLE GLADE, FL 33430  VP SMITH, NATHANIEL 300 NW 11TH ST LOT 7 BELLE GLADE, FL 33430 S HICKS, SHERRY D 1508 GLADES GLEN DRIVE BELLE GLADE, FL 33430 T JOHNSON, DONNIA F 1411 SOUTH WEST AVE H | 9. Election Camp Trust Fund Co RECTORS  Delete  Delete  Delete | Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | \$5.00 May Be<br>Added to Fees | Florida De | Change  Change                          | Addition  Addition              |

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 required reported 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 attackment with an address, with all other like empowered.

SIGNATURE: 4

IREAND TYPING OF PRINTED NAME OF SIGNING OFFICER OR DIR

3/0/04 561996-99 Daylime Phone #