2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003363

Entity Name: MAD DADS OF WAKULLA COUNTY, INC.

FILED May 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 415 CRAWFORDVILLE, FL 32327 **Current Mailing Address: New Mailing Address:** P.O. BOX 415 CRAWFORDVILLE, FL 32327 FEI Number: 59-3519068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLES, REGINALD E GREEN, GEORGE 53 PINK GREEN ROAD 116 SWEETWATER CIRCLE SOPCHOPPY, FL 32358 US US CRAWFORDVILLE, FL 32327 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: GEORGE GREEN 05/25/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NELSON, RANDY Name: Name: 134 KATHY ANN DR Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PORTER, LEON Name: GREEN, GEORGE Address: 1893 SOPCHOPPY HWY Address: 116 SWEETWATER CIRCLE City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: CRAWFORDVILLE, FL 32327 Title: () Delete Title: () Change () Addition COLES, REGINALD E Name: Name: Address: 53 PINK GREEN RD Address: City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CARTER, ANDREA Name: 77 FRANK JONES RD. Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32326 City-St-Zip: Title: () Delete Title: () Change () Addition HANWAY, JULIA Name: Name: 3128 CRAWDFORDVILLE HWY Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32326 City-St-Zip: Title: () Delete Title: () Change (X) Addition MOORE, RON Name: Name: Address: Address: 196 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327 City-St-Zip: 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: REGINALD COLES D 05/25/2004

ANDREW MORRIS 1411 SOPCHOPPY HWY CRAWFORDVILLE, FL 32358