

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003453

FILED  
May 03, 2004  
Secretary of State

**Entity Name:** SOLUTIA EMPLOYEES RECREATION ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

3000 OLD CHEMSTRAND ROAD  
GONZALEZ, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 97  
GONZALEZ, FL 32560

**New Mailing Address:**

**FEI Number:** 59-0976782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAN, ELTON  
3000 OLD CHEMSTRAND ROAD  
GONZALEZ, FL 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: S ( ) Delete  
Name: SCRUGGS, LENORA  
Address: 5550 SHADOW GROVE  
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete  
Name: FDEAN, ELTON  
Address: 761 PINEY LN  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: DREYER, GARY  
Address: 3262 WIGGINS LN  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: WISE, SHIRLEY  
Address: 1500 DAY LILY ROAD  
City-St-Zip: CANTONMENT, FL 32533

**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:

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: ELTON F. DEAN

TD

05/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date