2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State
06 29 2004 00011 011 ****61 25

1. Entity Nam	MENT, # N98000003 URCH, INC.	3775		0	6-28-2004 90	0011 011 ****61	25
Principal Plac 5340 8 STRE ZEPHYRHILL		Mailing Address 36206 BEGONIA AVE ZEPHYRHILLS, FL 3354	41 US			5405	9090
2 Principal P	lace of Business	3. Mailing Address					
•	5th Avenue			I SUBSILES DIO SULUI	I BISI S BATE S ETIT B BILL B	12(I) 20120 Ji 1001) (880) BI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01122004 CF	ng-NP	CR2E037 (10/03)	
City & State	hills, FL	City & State		4. FEI Number 59-352204	0	 	plied For at Applicable
Zip 33542	Country USA	Zip	Country	5. Certificate of St	atus Desired	S8.75 Add	
33342	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Reg		
DIMOTICE			Name				
36206 BEC	N, KENNETH A SONIA AVE ILLS, FL 33541	*	Street Addres	ss (P.O. Box Number is f	Not Acceptable)		
			City			FL Zip Cod	e
	named entity submits this statement folions of registered agent.	r the pulpose of changing had	registered office of regi	Stered agent, or both, ar	the State of Fight	ua. Tam jamilia witi,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature req	uired when reinstating)	<u></u>	DATE	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Que by May 1, 2004		npaign Financing	\$5.00 May Be Added to Fees		DATE ke check payable t la Department of S	
SIGNATURE .	Filing Fee Is \$61.25 Que by May 1, 2004	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Florid	ke check payable t	tate
-	Filing Fee Is \$61.25 Que by May 1, 2004 OFFICERS AND DIF P RINGEISEN, KENNETH A 36206 BEGONIA AVE	9. Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of S	tate
10. TITLE NAME STREET ADDRESS	PRINGEISEN, KENNETH A 36206 BEGONIA AVE ZEPHYRHILLS, FL 33541 VP SOKOL, JOHN 3025 ALLEN RD	9. Election Carr Trust Fund C	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRINGEISEN, KENNETH A 36206 BEGONIA AVE ZEPHYRHILLS, FL 33541	9. Election Carr Trust Fund C RECTORS Delete	paign Financing contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable t la Department of S S AND DIRECTORS IN Change	110 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLENAME STREET ADDRESS	PRINGEISEN, KENNETH A 36206 BEGONIA AVE ZEPHYRHILLS, FL 33541 VP SOKOL, JOHN 3025 ALLEN RD ZEPHYRHILLS, FL 33541 S SLOAN, ALICE 38349 EVERGREEN VILLAGE D	9. Election Carr Trust Fund C RECTORS Delete	Inpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of SE AND DIRECTORS IN Change	110 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRINGEISEN, KENNETH A 36206 BEGONIA AVE ZEPHYRHILLS, FL 33541 VP SOKOL, JOHN 3025 ALLEN RD ZEPHYRHILLS, FL 33541 S SLOAN, ALICE 38349 EVERGREEN VILLAGE D ZEPHYRHILLS, FL 33542 T RINGEISEN, ROBIN D 36206 BEGONIA AVE	9. Election Carr Trust Fund C RECTORS Delete Delete R. #3	Inpaign Financing Contribution. III. IIIIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of S S AND DIRECTORS IN Change Change	Addition Addition

12. I hereby certify that the information supplied with this filing 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:	ATIME AND THEFTOD SO	THE NAME OF STATE		Α.	Ringeisen	6/25	/04/8	
Sign	ATURE AND TYPED OR AS	UNTED NAME/OF SIGNI	NG OFFICER OR DIRECTOR)ate		Daytime Phone #