

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

DOCUMENT # N98000004808

1. Entity Name

EARTHBRIDGE INC.



Principal Place of Business

2933 MILTON AVE
9-A
MARIANNA FL 32448

Mailing Address

P.O. BOX 5786
MARIANNA FL 32447

01001000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1761591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADDRESS, TERRY
3408 TWIN PONDS ROAD
MARIANNA FL 32448

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **MT** ☐ Delete
NAME **SUNNY MUNDY, DONNA JEAN**
STREET ADDRESS **2933 MILTON AVE #9-A**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **P** ☐ Delete
NAME **BANKS-MUELLER, PAUL**
STREET ADDRESS **279 ELLSWORTH RD**
CITY-ST-ZIP **PETOSKEY MI 49770**

TITLE **DT** ☒ Delete
NAME **YEAGER, KAY**
STREET ADDRESS **12 JACKSON ST #812-B**
CITY-ST-ZIP **JEFFERSON CITY MO 65101**

TITLE **TR** ☐ Delete
NAME **ADAMS, HOWARD**
STREET ADDRESS **5500 OAKLEY ST**
CITY-ST-ZIP **KANSAS CITY MO 64141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME **Michelle Reid**
STREET ADDRESS **613 COTTAGE COURT**
CITY-ST-ZIP **FRANKLIN MA 02038**

TITLE ☒ Change ☒ Addition
NAME **DIANNE HOWARD**
STREET ADDRESS **228 SO. WESTMORE-M**
CITY-ST-ZIP **LOMBARD IL 60148**

TITLE ☒ Change ☒ Addition
NAME **GENEVA O'BRIEN**
STREET ADDRESS **210 OLD PINOOK RD**
CITY-ST-ZIP **PAIGE TX 78659**

TITLE ☒ Change ☐ Addition
NAME **ADAMS, HOWARD**
STREET ADDRESS **105 SO. FULLER**
CITY-ST-ZIP **INDEPENDENCE MO 64050**

TITLE ☒ Change ☒ Addition
NAME **BOB RICHARDSON**
STREET ADDRESS **836 STATE HWY 7**
CITY-ST-ZIP **GALENA MO 65656**

TITLE ☒ Change ☒ Addition
NAME **DUANE EVERHART**
STREET ADDRESS **5831 ALTON RD**
CITY-ST-ZIP **WILSON NC 27893**

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: DONNA JEAN Sunny Mundy *Donna Jean Sunny Mundy* **1-25-04** **850-482-6174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *Private*