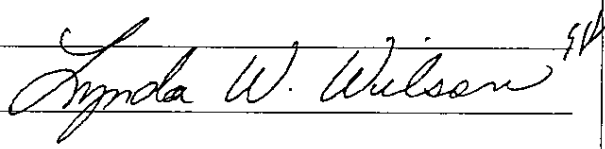


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/2

DOCUMENT # N98000005148					
1. Entity Name SOUTHEAST FLORIDA PRESERVATION, INC.					
Principal Place of Business 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			Mailing Address 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business 231 S.W. 2nd Avenue Suite, Apt. #, etc.		3. Mailing Address 231 S.W. 2nd Avenue Suite, Apt. #, etc.		FILED 04 MAY 12 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
City & State Fort Lauderdale		City & State Fort Lauderdale		4. FEI Number 47-0425946	
Zip 33301		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEARBORN, BONNIE B 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name: DEARBORN, BONNIE B. Street Address (P.O. Box Number is Not Acceptable): 231 S.W. 2nd Avenue City: Fort Lauderdale FL Zip Code: 33301	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALFORD, JANET M 350 US HWY 1 VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ECK, CHRISTOPHER R. 151 S.W. 2nd Street Fort Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MURPHY, JANET G 218 ALMERIA ROAD WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, SHAWN 1629 S.W. 28th Street Okeechobee, FL 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ALTO L 26003 ORANGE AVE FORT PIERCE, FL 34995	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, JULIE CRAICHY 481 W. Hickpoochee Avenue LaBelle, FL 33975	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, ROBERT 2932 MYRTLE OAK CIRCLE DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATKOV, BECKY ROPER 12881 S.W. 63rd Court Miami, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, SUSAN 8206 SOUTH EAST PALM STREET HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABER, MERLE 730 COQUINA CT. BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:			4/22/04 772-794-0601		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

212

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE 05/03/2004		S-W/Agency Voucher No. D40-0057-9725 004862 M	
OLO 450000		JT-2					
DEPARTMENT DEPARTMENT OF STATE							
SITE DEPARTMENT OF STATE							
CFO ACCOUNT NUMBER		CF	OBJECT CODE	TRANS CODE 25	TRANS CODE 45		
CFO ACCOUNT NAME							
INVOICE		INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT		
45101000132-4520070000-040000000			4990	61.25			
GENERAL REVENUE FUND							
EXPENSES							
INV: 5146		61.25					
45101000132-4530010000-00010000						61.25	
GENERAL REVENUE FUND							
FEES							
TRANSACTION TYPE: JOURNAL ADVICE				TOTAL	TOTAL		
				61.25	61.25		
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.				For State Comptroller's Use Only			
APPROVED: 				Time In			
TITLE DIRECTOR, DIVISION OF ADMINISTRATIVE SERVICES						Audited By	