


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90026 031 ****61.25

DOCUMENT # N99000002977	
--------------------------------	---

Principal Place of Business 1001 BEECH ST. FERNANDINA BEACH, FL 32034	Mailing Address P.O. BOX 722 FERNANDINA BEACH, FL 32035
--	--

54000291



2. Principal Place of Business 1001 Beech St Suite, Apt. #, etc.	3. Mailing Address P.O. Box 722 Suite, Apt. #, etc.
---	--

01212004 Chg-NP CR2E037 (10/03)

City & State FERNANDINA Bch FL	City & State FERNANDINA Bch FL
Zip 32034	Country NASSAU

4. FEI Number 59-2666099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, KAREN 3674 DURDEN ROAD YULEE, FL 32097	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 Karen Miller DATE 1/22/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retesting)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <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 SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LESTER, ANGIE		NAME	
STREET ADDRESS 2119 RUSSELL ROAD		STREET ADDRESS	
CITY-ST-ZIP FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, KAREN		NAME	
STREET ADDRESS 3674 DURDEN RD.		STREET ADDRESS	
CITY-ST-ZIP YULEE, FL 32097		CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCAMY, RAY		NAME VP	
STREET ADDRESS 1875-D SOUTH 14TH STREET		STREET ADDRESS 1374 PLANTATION POINT DR.	
CITY-ST-ZIP FERNANDINA BEACH, FL 32034		CITY-ST-ZIP FB, FL 32034	
TITLE TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENNIFER HAWKINS		NAME	
STREET ADDRESS 1568 ARBOR LANE		STREET ADDRESS	
CITY-ST-ZIP FERNANDINA Bch, FL 32034		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Karen Miller DATE 1/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR