


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000003594	
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Principal Place of Business 7012 SW 6TH PLACE APT. C GAINESVILLE, FL 32607	Mailing Address P.O. BOX 141656 GAINESVILLE, FL 32614
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**DO NOT WRITE IN THIS SPACE**



08242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3589896	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BENJAMIN, BASIL P.O. BOX 141656 GAINESVILLE, FL 32614
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**DO NOT WRITE  
IN THIS SPACE**

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 <i>Basil Benjamin</i> <small>Signature of Registered Agent (Required for Change of Registered Office or Registered Agent)</small>	DATE <i>8-24-04</i> <small>Date of Signature</small>

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BENJAMIN, BASIL P.O. BOX 141656 GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SMITH, RONALDO 2027 NW 43 PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY ST ZIP	SD ROLLE, TREVOR P.O. BOX 141656 GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY ST ZIP	T ROLLE, TREVOR P.O. BOX 141656 GAINESVILLE, FL 32614
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08/25/04-80002-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Ix empowered.	
SIGNATURE: <i>Basil Benjamin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>8-24-04</i> <small>Date of Signature</small>