

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004229

Entity Name: STILL STANDING 2000, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

1820 AUCILLA
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

1820 AUCILLA
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 65-0934180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKENS, NATASHA
1820 AUCILLA
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, OGDEN
Address: 1820 AUCILLA
City-St-Zip: MONTICELLO, FL 32344 US

Title: DT () Delete
Name: BROWN, RUTH
Address: 1820 AUCILLA
City-St-Zip: MONTICELLO, FL 32344 US

Title: DS () Delete
Name: MILLS, ADRIAL
Address: 1820 AUCILLA
City-St-Zip: MONTICELLO, FL 32344 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH L. BROWN

DT

01/13/2004

Electronic Signature of Signing Officer or Director

Date