

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107867

FILED
Apr 26, 2004
Secretary of State

Entity Name: SOUTHERN CROSS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

201 TENTH AVE NORTH
#303
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

9858 MOORINGS DRIVE
JACKSONVILLE, FL 32257

Current Mailing Address:

201 TENTH AVE NORTH
#303
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

9858 MOORINGS DRIVE
JACKSONVILLE, FL 32257

FEI Number: 59-3677063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, KELLY
201 TENTH AVENUE NORTH #303
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

GOODFRIEND, KELLY
9858 MOORINGS DRIVE
JACKSONVILLE, FL 32257 US

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: KELLY GOODFRIEND

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FITZPATRICK, KELLY
Address: 201 TENTH AVE. NORTH #303
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Delete
Name: GOODFRIEND, JAMES W III
Address: 301 10TH AVE. NORTH #303
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GOODFRIEND, KELLY
Address: 9858 MOORINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Change () Addition
Name: GOODFRIEND, JAMES W III
Address: 9858 MOORINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY GOODFRIEND

DPST

04/26/2004

Electronic Signature of Signing Officer or Director

Date