## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000093543 (4)

GALAXY FUN RAISING, INC.

GINLIN	TON HAISING, INC.					
Principal Plac	e of Business	Mailing Address				
1725 SOUTH	NOVA RD.	1725 SOUTH NO	IVA RD.			
UNIT E-3  SOUTH DAYTONA FL 32119  UNIT E-3  SOUTH DAYTONA FL 32119						DO NOT INDITE IN THE COACE
SOUTH DATE	ONA FL 32119	SOUTH DAYTONA FL 32119				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
T.						12/28/1994
	lace of Business	2a. Mailing Addre	ess			4. FEI Number Applied For
21		26				<b>59-3295748</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & State		City & State				Fee Required
23	8	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		This corporation owes or has paid the current year Intangible
24	25	29	30	ĺ		Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
DE	NTÔN, LORI D			81	Name	3
	25 S. NOVA RD.			82	Street A	t Address (P.O. Box Number is Not Acceptable)
	IT E-3					
SO	UTH DAYTONA FL 32119			83		
				84	City	B5 Zip Code
44 Pureupot :	to the provisions of Sections 607.05	02 and 607 1608 Florid	a Statuter, the al	2040	named e	FL   bs   2.19 code d corporation submits this statement for the purpose of changing its registered
I office or r	egi <b>ste</b> red agent, or both, in the State	e of Florida. Such chanc	de was authorize	d by	the corp	rporation's board of directors. I hereby accept the appointment as registered
*	m familiar with, and accept the obliq	gations of, Section 607.0	0505, Florida Stat	ules		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable	(NOTE: Registere	d Ager	nt signature r	re required when renstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D =	☐ DE	LETE 1.1 TF	TLE	ĺ	Change ☐ Addition
NAME	<b>DENTON, PAUL C</b>		1.2 N/	AME	ľ	Denton, Paul C.
STREET ADDRESS	4659 SECRET RIVER TRAIL		1.3 \$1	REET	ADDRESS	Yusa secret River Trail
CITY-ST-ZIP	PORT ORANGE FL 32119			TY-ST	· ZłP	Port orange F1 32119
TITLE	D	□ D€:	LETE 2.1 TI	(LE		Change Addition
NAME	DENTON, LORI D		2.2 N/	ME		Denton, Lori Dier Trail
STREET ADDRESS	4659 SECRET RIVER TRAIL		2.3 S1	REET /	ADDRESS	9059 311011
CITY-ST-ZIP	PORT ORANGE FL 32119			TY-\$1	- ZIP	Port Orange, FL. 30119
TITLE		☐ DE	I			Change Addition
NAME			3.2 N/			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		□ DEI		IJY-SI	I - ZIP	Change Addition
TITLE NAME			.EIE 4.1 TI		l	Change
STREET ADDRESS					ODDEGG	
					ADDRESS	
CITY-SY-ZIP TITLE		DEI		TY-ST	- ZIP	☐ Change ☐ Addition
NAME			5.2 N/			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				IY-ST	- 1	
TITLE		☐ DEI			-"	☐ Change ☐ Addition
NAME		<del></del>	6.2 NA			
STREET ADDRESS					ADDRESS	

14. Thereby 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

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E 9/1/7/10 2009

Jan 22 1998 8:00am

Secretary of State