

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011353

FILED
Jan 28, 2004
Secretary of State

Entity Name: CHARTER FINANCIAL AND INSURANCE GROUP, INC.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 331347404

New Principal Place of Business:

2801 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33134

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 331347404

New Mailing Address:

2801 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL 33134

FEI Number: 65-0650671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MYRTHIA
1801 CORTEZ
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MOORE, MYRTHIA
5801 MAGGIORE STREET
CORAL GABLES, FL 33146 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: MYRTHIA MOORE

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, MYRTHIA
Address: 5810 MAGGIORE AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MYRTHIA MOORE

PRES

01/28/2004

Electronic Signature of Signing Officer or Director

Date