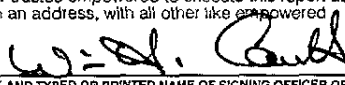


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 714485		
1. Entity Name WALTER S. PIERCE FOUNDATION, INC.		
Principal Place of Business C/O WILLIAM H. CAUTHEN 215 N. JOANNA AVE. TAVARES, FL 32778-3200	Mailing Address C/O WILLIAM H. CAUTHEN 215 N. JOANNA AVE. TAVARES, FL 32778-3200	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAUTHEN, WILLIAM H 215 N. JOANNA AVE. TAVARES, FL 32778-3200		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HYMAN, DAVID 501 E KENNEDY #707 TAMPA, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD CAUTHEN, WILLIAM H. 215 JOANNA AVENUE TAVARES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FERLITA, SAM S 3302 WEST AZEELE STREET TAMPA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like empowered		
SIGNATURE:  W. H. Cauthen		Date 1/21/04 Daytime Phone # 352-743 2225



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7292648

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000011945
01/23/04-80057-025 61.25