


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90039 048 \*\*\*\*70.00

**DOCUMENT # 722286**  
 1. Entity Name  
**INTERNATIONAL INDEPENDENT SHOWMEN'S FOUNDATION, INC.**



Principal Place of Business: **6915 RIVERVIEW DR. GIBSONTON FL 33534**  
 Mailing Address: **PO BOX 188 GIBSONTON FL 33534 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**MOORE CR2E037 (11/03)**

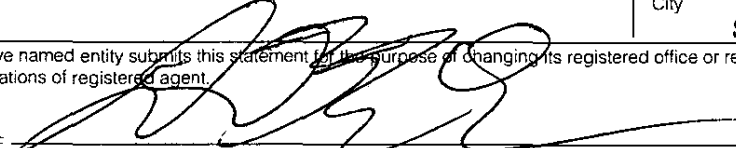
4. FEI Number: **59-1371753** Applied For:  Not Applicable:

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



6. Name and Address of Current Registered Agent  
**MCEWEN, DAVID B.  
 150 SECOND AVE. NORTH  
 SUITE 1500  
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name: **David B. McEwen**  
 Street Address (P.O. Box Number is Not Acceptable): **100 First Avenue South, Suite 340**  
 City: **St. Petersburg** FL Zip Code: **33701**

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:  DATE: **March 1, 2004**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

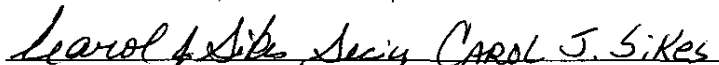
10. OFFICERS AND DIRECTORS

TITLE: PD NAME: LIDEY, ARCHIE JR STREET ADDRESS: 6915 RIVERVIEW DR. CITY-ST-ZIP: GIBSONTON FL 33534	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: STEVENS, LEE STREET ADDRESS: 6915 RIVERVIEW DR CITY-ST-ZIP: GIBSONTON FL 33534	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: CARLTON, SHELBY STREET ADDRESS: 6915 RIVERVIEW DR CITY-ST-ZIP: GIBSONTON FL 33534	<input type="checkbox"/> Delete
TITLE: SD NAME: SIKES, CAROL STREET ADDRESS: 6915 RIVERVIEW DR CITY-ST-ZIP: GIBSONTON FL	<input type="checkbox"/> Delete
TITLE: TD NAME: GARRETT, MARTHA STREET ADDRESS: 6915 RIVERVIEW DR CITY-ST-ZIP: GIBSONTON FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: Stevens, Lee STREET ADDRESS: 6915 Riverview Dr. CITY-ST-ZIP: Gibsonton, FL 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: Mayo, Charles STREET ADDRESS: 6915 Riverview Dr. CITY-ST-ZIP: Gibsonton, FL 33534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: Arnold, Karen STREET ADDRESS: 6915 Riverview Dr. CITY-ST-ZIP: Gibsonton, FL 33534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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:  DATE: **3-23-04** DAYTIME PHONE #: **813-677-9377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR