

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753888

FILED
Jan 26, 2004
Secretary of State

Entity Name: CRIS COLLINSWORTH FOUNDATION, INC.

Current Principal Place of Business:

602 S. MAIN ST., STE. H8
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

602 S. MAIN ST., STE. H8
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2932441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUTCH, R. WILLIAM
500 N.E. 8TH AVE.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GUTEKUNST, RICHARD
Address: 3942 N.W. 25TH CIRCLE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: COLLINSWORTH, ABE W
Address: 7349 SOMERSET SHORES CT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: COLLINSWORTH, CRIS
Address: 31 CROW HILL
City-St-Zip: FORT THOMAS, KY 41075

Title: D () Delete
Name: SMITH, CASEY
Address: 602 S. MAIN STREET, STE. H8
City-St-Zip: GAINESVILLE, FL 32601

Title: P () Delete
Name: BRANTLEY, JOHN
Address: 2119 SE FORT KING ST
City-St-Zip: OCALA, FL 34471

Title: TD () Delete
Name: MOWRY, RHONDA
Address: 6103 NW 52ND TERR
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CASEY SMITH

D

01/26/2004

Electronic Signature of Signing Officer or Director

Date