2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90207 046 ****61.25

DOCUMENT # 755735

1. Entity Name
THOMSEN FOUNDATION, INC.

54039055

Principal Place of Business	Mailing Address
701 E. COMMERCIAL BLVD. STE. 300 FORT LAUDERDALE, FL 33334	701 E. COMMERCIAL BLVD. STE. 300 FORT LAUDERDALE, FL 33334

01052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2070983
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMSEN, FRANCES D.
701 E COMMERCIAL BLVD
#300
FORT LAUDERDALE, FL 33334

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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 Frances Thomsen
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	PTD
NAME	THOMSEN, CARL J
STREET ADDRESS	701 E COMMERCIAL BLVD, #300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	SD
NAME	THOMSEN, FRANCES
STREET ADDRESS	701 E COMMERCIAL BLVD, #300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	~~VD~~
NAME	~~THOMSEN, NANCY L~~
STREET ADDRESS	~~701 E COMMERCIAL BLVD, #300~~
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33334~~
TITLE	Trustee
NAME	Susan Davis
STREET ADDRESS	701 E. Commercial Blvd., #300
CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	Vice President
NAME	Jose Villanueva
STREET ADDRESS	701 E. Commercial Blvd., #300
CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Frances Thomsen Frances D. Thomsen 04/16/04 954-776-6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #