


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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90023 036 ****61.25

DOCUMENT # N00000004260			
1. Entity Name FLORIDA K OF C CHARITIES, INC.			
Principal Place of Business 1230 BUENA DRIVE % DAVID K. TEBO LAKELAND FL 33805		Mailing Address 1230 BUENA DRIVE % DAVID K. TEBO LAKELAND FL 33805	
2. Principal Place of Business 8304 FOUNTAIN AVE		3. Mailing Address 8304 FOUNTAIN AVE.	
Suite, Apt. #, etc. c/o STAN ZGURZYNSKI		Suite, Apt. #, etc. ^{c/o} TAMPA STAN ZGURZYNSKI	
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA	
Zip 33615	Country USA	Zip 33615	Country USA
6. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DR., STE. 2301 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

54002365



MOORE CR2E037 (11/03)

4. FEI Number 59-3659193	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEBO, DAVID K 1230 BUENA DRIVE LAKELAND FL 33805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATE DEPUTY STANLEY S. ZGURZYNSKI 8304 FOUNTAIN AVE TAMPA, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEDERICO, VINCENT D 7207 RHINEBECK DRIVE PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATE SECRETARY JOHN S. MIASO 6803 DICKENSON CT TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STODDARD, DENNIS J 5964 TERRY PARKER DR., NORTH JACKSONVILLE FL 32211-2393	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATE ADVOCATE 314 SCHOFEN FLD 3242 HAWKS NEST DR. KISS LAKES, FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOGA, LEON J 6107 TARAWOOD DRIVE ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOS READ STATE TREASURER 10137 S.W. 81 ST CT OCALA, FL 34481	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZGURZYNSKI, STAN 8304 FOUNTAIN AVENUE TAMPA FL 33615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOUGLAS MURRAY STATE WARDEN 4706 LOCCANE LAKES PL APT LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Stanley S. Zgurzynski STANLEY S. ZGURZYNSKI 813-885-5220
SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #