## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N00000007283** 

1. Entity Name

SUN 'N FUN FOUNDATION, INC.



FILED Aug 31, 2004 08:00 AM Secretary of State

Principal Place of Business

4175 MEDULLA RD LAKELAND, FL 33811 Mailing Address

\_P.O. BOX 7670 \_LAKELAND, FL 33807



## DO NOT WRITE IN THIS SPACE

08262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3679477

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENDEL, JOHN F 5300 SOUTH FLORIDA AVE LAKELAND, FL 33813

## 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 typod or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) DAYE					
		Election Campaign Finance     Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	U00000171300
STREET ADDRESS 415 15TH	OFFICERS AND DIRECT.  WILLIAM A AVENUE NE ERSBURG, FL 33704	CTORS			08/31/04-80001-021 61.25
STREET ADDRESS 505 MART	ENDELL O MD IN LUTHER KING JR AVE D, FL 33803				
	CHARD E ERFALL LANE D, FL 33803		_		NOT WRITE
NAME HUNTER, STREET ADDRESS 317 PARK CITY-ST-ZIP VENICE, F				IN	THIS SPACE
TITLE D  NAME O'REILLY, STRIET ADDRESS 620 LAURI CITY-ST-ZIP LAKELAND			·	- · <u>. ·</u> .	<u></u>
	JLLA RD ), FL 33811	lles dans act qualify for the average	option plates	Vin Section 119 07/2	(i), Florida Statutes. I further certify that the Information

12. I hereby certify that the Information supplied with this filling 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. BURTON, EXEC DIR

8/30/04

863.644.2431

Daytime Phone #