

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 040 ****61.25

0013687

DOCUMENT # **N00000007283**

1. Entity Name

SUN 'N FUN FOUNDATION, INC.



Principal Place of Business

**4175 MEDULLA RD
LAKELAND FL 33811**

Mailing Address

~~P.O. BOX 6730~~
LAKELAND FL 33807

2. Principal Place of Business

3. Mailing Address

P.O. Box 7670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland, FL

4. FEI Number **59-3679477**

Applied For
Not Applicable

Zip

Country

Zip

Country

33807-7670

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRYANT, THOMAS G CPA
4175 MEDULLA ROAD
LAKELAND FL 33811~~

Name

JOHN F. WENDEL

Street Address (P.O. Box Number is Not Acceptable)

5300 SOUTH FLORIDA AVE

City

LAKELAND

FL

Zip Code

33813

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

JOHN F. WENDEL

John F. Wendel

7/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	C + D	<input type="checkbox"/> Delete
NAME	EICKHOFF, WILLIAM A	
STREET ADDRESS	415 15TH AVENUE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	S + D	<input type="checkbox"/> Delete
NAME	BLAKE, WENDELL O MD	
STREET ADDRESS	505 MARTIN LUTHER KING JR AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D + P	<input type="checkbox"/> Delete
NAME	EHLIS, RICHARD E	
STREET ADDRESS	1102 WATERFALL LANE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	T + D	<input type="checkbox"/> Delete
NAME	HUNTER, LEIGHTON W	
STREET ADDRESS	317 PARK BLVD N	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'REILLY, FRANK J	
STREET ADDRESS	620 LAUREL LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SFO	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, THOMAS J	
STREET ADDRESS	4175 MEDULLA RD	
CITY-ST-ZIP	LAKELAND FL 33811	

TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C BURTON	
STREET ADDRESS	4175 MEDULLA RD	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

7-16-03

863-644-2431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E037 (4/03)