


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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90332 049 \*\*\*\*61.25

**DOCUMENT # N32992**  
 1. Entity Name  
**SNELL ISLE FOUNDATION, INC.**



Principal Place of Business: **POST OFFICE BOX 7053 ST. PETERSBURG FL 33734-7053**  
 Mailing Address: **200 CENTRAL AVENUE 2200 SAINT PETERSBURG FL 33701 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **535 Central Avenue Suite 411**

City & State: **St. Petersburg, FL**

Zip: **33701** Country: **Pinellas**



MOORE CR2E037 (11/03)

4. FEI Number: **59-2963930**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BAILEY, DIANE**  
**200 CENTRAL AVENUE SUITE 2200**  
**SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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: *Diane Bailey* DATE: **4/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE: <b>DP</b> <input type="checkbox"/> Delete	<b>EVERTZ, MARY G</b> 101 APPIAN WAY NE SAINT PETERSBURG FL 33704
TITLE: <b>VD</b> <input type="checkbox"/> Delete	<b>MOOREFIELD, HARRY M</b> 1029 31ST TERRACE NE SAINT PETERSBURG FL 33704
TITLE: <b>TD</b> <input type="checkbox"/> Delete	<b>GREEN, JEANNINE</b> 949 31ST-TERR NE SAINT PETERSBURG FL 33704
TITLE: <b>DS</b> <input type="checkbox"/> Delete	<b>BAILEY, DIANE</b> 200 CENTRAL AVENUE SUITE 2200 SAINT PETERSBURG FL 33701
TITLE: _____ <input type="checkbox"/> Delete	_____
TITLE: _____ <input type="checkbox"/> Delete	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>535 Central Avenue, Suite 411</b> <b>St. Petersburg, FL 33701</b>
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <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 or without like empowered.

SIGNATURE: *Diane Bailey* DATE: **4/28/04** DAYTIME PHONE #: **787 820 0559**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR