2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90036 018 ****61.25

DOCUMENT # N94000003913

1. Entity Name
THE SHARP FAMILY FOUNDATION, INC.

54015533

Principal Place of Business	Mailing Address
1460 GULF BLVD. APT. 603 CLEARWATER, FL 33767	BARTON W SHARP 4264 MONTALVO DRIVE, VILLAGE WALK NAPLES, FL 34109

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3302952 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHARP, WILLIAM K 1460 GULF BLVD. APT. 603 CLEARWATER, FL 33767	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	D SHARP, WILLIAM K 1460 GULF BLVD, APT. 603 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles Ruffalo 1456 Parkside Drive Bolingbrook, IL 60490	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, MARGARET B 1460 GULF BLVD, APT. 603 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Phyllis Sharp 4264 Montalvo Drive, Village Walk Naples, FL 34109	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, BARTON W 4264 MONTALRO DR. VILLAGE WALK NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUFFALO, MARGARET 1456 PARKSIDE DRIVE BOLINGBROOK, IL 60490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, HARMON 318 NORLICK DRIVE BRYAN, OH 43506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, CATHERINE 318 NORLICK DRIVE BRYAN, OH 43506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: William K. Sharp 2-11-04 727 596-3681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #