


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006362
 1. Entity Name
THE CANTERBURY SCHOOL OF FLORIDA FOUNDATION, INC.



Principal Place of Business 901 58TH AVENUE NE ST PETERSBURG, FL 33703-1697	Mailing Address 901 58TH AVENUE NE ST PETERSBURG, FL 33703-1697
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3533962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

WELSH, ELLEN
 901 58TH AVENUE NE
 SAINT PETERSBURG, FL 33703

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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 *Ellen Welsh* ELLEN WELSH 3/3/04
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000088629
 03/15/04-80058-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, MARION 7201 DEMENS DRIVE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROOMS, STANLEY N 1771 SERPENTINE DR SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT C 5123 QUEEN PALM TERRACE NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCQUEEN, WILLIAM B 2201 9TH STREET NORTH SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGH, W. ROBB JR. 400 COFFEE POT RIVIERA NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIVER, ROBERT I 114 GIRALDA BLVD NE SAINT PETERSBURG, FL 33704

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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: *Marion Hale* MARION HALE 3/3/04 727-461-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #