2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006636~

1. Entity Name
TEAM FOUNDATION, INC.

Principal Place of Business	Mailing Address
1516 FOX HILL PLACE VALRICO, FL 33594	1516 FOX HILL PLACE VALRICO, FL 33594

03022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3469743
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUDELE, MICHAEL
1516 FOX HILL PLACE
VALRICO, FL 33594

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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 _____ 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

U00000077370
03/05/04-80039-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARKIN, STEVE
STREET ADDRESS	911 E. NORTH ST
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	STD
NAME	CRUDELE, MICHAEL
STREET ADDRESS	1516 FOX HILL PL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	LEDENHAM, ROBERT
STREET ADDRESS	1501 FOX HILL PL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ S.T.D. 3/2/04 813-684-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #