

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-02-2004 90036 031 ****61.25

DOCUMENT # N99000002583 1. Entity Name DCC FOUNDATION, INC.					
Principal Place of Business 1050 PALM BLVD. DUNEDIN FL 34698			Mailing Address 1050 PALM BLVD. DUNEDIN FL 34698		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERTING, DONALD 1991 GOLF VIEW DR DUNEDIN FL 34698			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 _____ 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 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	PRESIDENT ☐ Delete		TITLE	William Liliott - DIRECTOR ☐ Change ☒ Addition	
NAME	COOPER, FL		NAME	2220 Watrous Dr.	
STREET ADDRESS	700 MEASE PLAZA #921		STREET ADDRESS	Dunedin, FL 34698	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	TREASURER ☐ Delete		TITLE	John Wylde - DIRECTOR ☐ Change ☒ Addition	
NAME	WINKLER, CHARLES		NAME	1512 Glen Hollow Lane N	
STREET ADDRESS	2319 ARMOUR DR.		STREET ADDRESS	Dunedin, FL 34698	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	SECRETARY ☐ Delete		TITLE		
NAME	KURBER, KEITH		NAME		
STREET ADDRESS	1558 ROXBERG LANE		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	DIRECTOR ☐ Delete		TITLE		
NAME	HERTING, DONALD		NAME		
STREET ADDRESS	191 GOLF VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	DIRECTOR ☐ Delete		TITLE		
NAME	HORN, BEN EMILY		NAME		
STREET ADDRESS	1115 NELSON STREET		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Charles Winkler (CHARLES WINKLER) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Feb. 25, 2004 727-733-8690 Date Daytime Phone #		

66409558



MOORE CR2E037 (11/03)

4. FEI Number **59-3585583** Applied For ☐ Not Applicable ☐

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