


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

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000004381</b> 1. Entity Name N.O.D.D. FOUNDATION, INC.	
---	---

Principal Place of Business 8 PEARL STREET COCOA FL 32926	Mailing Address 8 PEARL STREET COCOA FL 32926
---	---

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



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3593391</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
JORGENSEN, CHARLEY E 8 PEARL STREET COCOA FL 32926

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

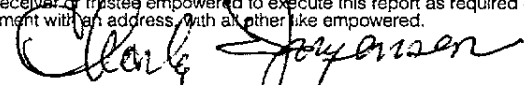
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD JORGENSEN, CHARLEY <input type="checkbox"/> Delete
NAME	8 PEARL STREET
STREET ADDRESS	COCOA FL 32926
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete
NAME	JORGENSEN, ANNE MARIE
STREET ADDRESS	1455 WUINCE AVE
CITY - ST - ZIP	MERRITT ISLAND FL 32952
TITLE	D <input type="checkbox"/> Delete
NAME	MCCLANANHAN, L
STREET ADDRESS	670 N COURTENAY PKY
CITY - ST - ZIP	MERRITT ISLAND FL 32953
TITLE	D <input type="checkbox"/> Delete
NAME	HOFFMAN, ROBERT
STREET ADDRESS	260 SABAL AVENUE
CITY - ST - ZIP	MERRITT ISLAND FL 32952
TITLE	D <input type="checkbox"/> Delete
NAME	CUPTON, ROBERT
STREET ADDRESS	102 RIVERSIDE DRIVE
CITY - ST - ZIP	COCOA FL 32922
TITLE	D <input type="checkbox"/> Delete
NAME	ROCKRIDGE, JAMES
STREET ADDRESS	6257 N US 1
CITY - ST - ZIP	COCOA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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:**  **2/16/04** **321-504-3798**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #