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

## Feb 25, 2004 08:00 AM Secretary of State DOCUMENT # N99000006206 1. Entity Name ABDON RODRIGUEZ FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 13917 MIDDLE PARK DRIVE 13917 MIDDLE PARK DRIVE **TAMPA FL 33624 TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FFI Number 59-3603755 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GASSMAN, ALAN S ESQ Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 **CLEARWATER FL 33756** Zip Code City 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delele TITLE TITLE Change ☐ Addition RODRIGUEZ, ABDON NAME U000000065<u>8</u>57 NAME 13917 MIDDLE PARK DRIVE STREET ADDRESS STREET ADDRESS 02/25/04-80054-010 61.25 **TAMPA FL 33624** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, SANTIAGO A NAME NAME 13917 MIDDLE PARK DRIVE STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY - ST- ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition RODRIGUEZ, LEANN NAME NAME 13917 MIDDLE PARK DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition Addition RODRIGUEZ, CARLOS JOAQUIN NAME NAME 13917 MIDDLE PARK DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP CITY ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STATURE AND TYPED OR PRINTED NAME OF SASJUING OFFICER OR DIRECTOR

2-22-04 (813)961-3856

FILED