2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-06-2004 90007 039 ****70.00

DOCUMENT # 769417

1. Entity Name
FRIENDS OF LEU GARDENS, INC.

66403470

Principal Place of Business	Mailing Address
C/O ROBERT E. BOWDEN 1920 N. FOREST AVE. ORLANDO, FL 32803-1537 US	1920 N FOREST AVE ORLANDO, FL 32803-1537 US

01052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1920 N. Forest Ave. Suite, Apt. #, etc.
City & State	City & State: Orlando, FL
Zip / Country	Zip: 32803 / Country: US

4. FEI Number: 59-2319239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOWDEN, ROBERT E. 1920 NORTH FOREST AVENUE ORLANDO, FL 32803	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 _____ 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUROSE, NANCY 7421 SOMERSET SHORES CT ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Seiler, Cynthia Heather 420 Westminster St. Orlando, FL 32803 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, CARL JR 4465 GABRIELLA LANE WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Kelly, Carl Jr. 4465 Gabriella Lane Winter Park, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARLOW, CARLA 306 EAST HARWOOD ST ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Murray, Ramon 942 Fremont Ave. Winter Park, FL 32789 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ODOM, MICHAEL 2510 E CENTRAL BLVD ORLANDO, FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bowden, Robert E. 1920 N. Forest Ave. Director Orlando, FL 32803-1537	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BRADLEY, SHIRLEY 2127 MONTE CARLO TRAIL ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Bradley, Shirley 2127 Monte Carlo Trail Orlando, FL 32805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert E. Bowden 02/03/04 (407) 246-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #