

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 018 ****70.00

94022383



02082004 Chg-NP CR2E037 (10/03)

4. FEI Number
98-0133545

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

JOHNSON, PAUL B
112 S MAGNOLIA AVE
TAMPA, FL 33606

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WEBER, SHARRON K	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY - ST - ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREUER, JULIA	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY - ST - ZIP	CLEARWATER, FL 33755	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALPERS, LUDWIG	
STREET ADDRESS	C/O 118 N. FT. HARRISON AVE.	
CITY - ST - ZIP	CLEARWATER, FL 33755	
TITLE	C	<input type="checkbox"/> Delete
NAME	HELDT, CARL	
STREET ADDRESS	6331 HOLLYWOOD BOULEVARD SUITE 1200	
CITY - ST - ZIP	LOS ANGELES, CA 90028	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CHATTERTON, PAULINE	
STREET ADDRESS	SAINT HILL MANOR, EAST GRINSTEAD	
CITY - ST - ZIP	WEST SUSSEX ENGLAND RH19 4JY,	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBBER, ALICE	
STREET ADDRESS	C/O 118 N FT HARRISON AVE	
CITY - ST - ZIP	CLEARWATER, FL 33755	

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	
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/04

727-445-4809