



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-01-2004 90035 024 ****70.00

DOCUMENT # N03000010563 1. Entity Name COMMUNITY FOUNDATION OF GREATER SUN CITY CENTER, INC.																													
Principal Place of Business 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609			Mailing Address 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609																										
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																									
BAXTER, GEORGE J 4950 W. KENNEDY BLVD., SUITE 250 TAMPA, FL 33609				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">CD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAHN, SALLY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4950 W. KENNEDY BLVD., SUITE 250</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33609</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">CD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Robert Mohr</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4950 W. Kennedy Blvd., Suite 250</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33609</td> <td></td> </tr> </table> </div> </div>						TITLE	CD	<input checked="" type="checkbox"/> Delete	NAME	HAHN, SALLY		STREET ADDRESS	4950 W. KENNEDY BLVD., SUITE 250		CITY-ST-ZIP	TAMPA, FL 33609		TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Robert Mohr		STREET ADDRESS	4950 W. Kennedy Blvd., Suite 250		CITY-ST-ZIP	Tampa, FL 33609	
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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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 20%;"> 3/17/04 <small>Date</small> </div> <div style="width: 30%;"> 813-282-1975 <small>Daytime Phone #</small> </div> </div>																													

