

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N02000006621

Entity Name: ARN FOUNDATION, INC.

**Current Principal Place of Business:**

1371 KASS CIRCLE  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

1371 KASS CIRCLE  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 20-0001629      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NASON, ALAN R  
12369 CORONADO DRIVE  
SPRING HILL, FL 34609      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: NASON, ALAN R  
Address: 1371 KASS CIR  
City-St-Zip: SPRING HILL, FL 34606

Title: VPT ( ) Delete  
Name: STONEY, JEANNE L  
Address: 12367 CORONADO DR  
City-St-Zip: SPRING HILL, FL 34609

Title: STT ( ) Delete  
Name: BASCLANO, FRANK A  
Address: 11307 ROLAND ST  
City-St-Zip: SPRING HILL, FL 34609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STT (X) Change ( ) Addition  
Name: ROBINSON, TIM  
Address: 4436 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN R NASON

PT

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date