

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90005 042 ****61.25

DOCUMENT # 707994

1. Entity Name
C.E. MENDEZ FOUNDATION, INC.



Principal Place of Business
601 S. MAGNOLIA AVE.
TAMPA, FL 33606 US

Mailing Address
601 S MAGNOLIA AVE
TAMPA, FL 33606

50002459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1086491

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MENDEZ, CHARLES E JR
601 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, 2005**

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 PD
NAME MENDEZ JR, CHARLES E ☐ Delete
STREET ADDRESS 2 WEST WESLEY #8
CITY-ST-ZIP ATLANTA, GA

TITLE VSD ☐ Change ☒ Addition
NAME Coney, Cynthia D.
STREET ADDRESS 4406 Culbreath Avenue
CITY-ST-ZIP Tampa, FL 33609

TITLE TD ☐ Delete
NAME MENDEZ, DIANA G.
STREET ADDRESS 2413 BAYSHORE BV #805
CITY-ST-ZIP TAMPA, FL

TITLE D ☐ Change ☒ Addition
NAME Mitchell, Dr. C.F. 70809
STREET ADDRESS 5258 Dijon Drive, Baton Rough, LA
CITY-ST-ZIP

TITLE V ☐ Delete
NAME YVONNE, MENDEZ
STREET ADDRESS 2 W WESLEY #8
CITY-ST-ZIP ATLANTA, GA

TITLE D ☐ Change ☒ Addition
NAME Mendez, III Charles E
STREET ADDRESS 2 West Wesley #8, Atlanta GA 30305
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME MENDEZ, ANITA T.
STREET ADDRESS 7911 BINDER RD.
CITY-ST-ZIP ODESSA, FL

TITLE TD ☒ Change ☐ Addition
NAME Mendez, Diana G
STREET ADDRESS 15909 Scrimshaw Dr, Tampa FL 33624
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MENDEZ, LAWRENCE D
STREET ADDRESS 2607 PARKLAND BLVD
CITY-ST-ZIP TAMPA, FL 00000, 33607

TITLE D ☒ Change ☐ Addition
NAME Annis, Michael D. Suite 2700
STREET ADDRESS 100 North Tampa St, Tampa FL 33602
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANNIS, MICHAEL D.
STREET ADDRESS 3314 MULLEN AVENUE
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1-12-05

813-251-3600