


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 715729 1. Entity Name DISTILLED SPIRITS WHOLESALERS OF FLORIDA EDUCATIONAL FOUNDATION, INC.	
--	---

Principal Place of Business 215 S MONROE ST STE 800-A TALLAHASSEE, FL 32301 US	Mailing Address 215 S MONROE ST STE 800-A TALLAHASSEE, FL 32301 US
---	---



02042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7002435	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

SCOTT, ASHLEY T 215 S. MONROE ST 800-A TALLAHASSEE, FL 32301
--

**DO NOT WRITE
IN THIS SPACE**

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.</small>	(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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

000000063815
02/23/04-80177-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISSIS, ANDREW M 805 THIRD AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVOLIO, JOSEPH 3700 COMMERA BLVD MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ASHLEY, SCOTT T 215 S. MONROE ST., 800-A TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>SCOTT T. ASHLEY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/19/04</u> (850) 681-8700 <small>Daytime Phone #</small>
--	--