2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT# 716755

1. Entity Name
LAUDERDALEBYTHESEALIONSEYEFOUNDATION, INC.

Principal Place of Business	Mailing Address
4442 SEA GRADE DR. LAUDERDALE BY THE SEA, FL 33308 US	4442 SEA GRADE DR. LAUDERDALE BY THE SEA, FL 33308 US

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01292004 NoChg-NP CR2E037 (10/03)

4. FEI Number
23-7036268
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANMIGUEL,MIKE
4442SEAGRAPEDR.
LAUDERDALEBYTHESEA,FL33308

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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, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required where Installing) 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

U00000029359
03/31/04-80026-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	PEARSON,NELS
STREET ADDRESS	3100NE49THTERR
CITY-ST-ZIP	FT.LAUDERDALE,FL
TITLE	D
NAME	SANMIGUEL,MICHAEL
STREET ADDRESS	4442SEAGRAPEDR
CITY-ST-ZIP	LAUDERDALEBYSEA,FL
TITLE	D
NAME	NELSPEARSON
STREET ADDRESS	3100NE49THTERR
CITY-ST-ZIP	FT.LAUDERDALE,FL
TITLE	D
NAME	ZIO,JOHNDEL
STREET ADDRESS	7045NW72NDTERRACE
CITY-ST-ZIP	BOCARATON,FL33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 3/25/04 954 647 7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #