2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 748580

1. Entity Name
SYMPOSIA FOUNDATION, INC.

Principal Place of Business	Mailing Address
4407 MANCHESTER AVE STE 208 ENCINITAS, CA 92024	4407 MANCHESTER AVE STE 208 ENCINITAS, CA 92024

02062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1938111

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PILOTTE, FRANK T
MURPHY,REID,PILOTTE,ORD & AUSTIN
340 ROYAL PALM WAY, STE-100
PALM BEACH, FL 33480

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZIMPELMAN, HILBERT M.
STREET ADDRESS	120 VIA CANTEBRIA, #A5
CITY-ST-ZIP	ENCINITAS, CA
TITLE	DCEO
NAME	ZIMPELMAN, HILBERT M
STREET ADDRESS	120 VIA CANTEBRIA, #A5
CITY-ST-ZIP	ENCINITAS, CA 92024
TITLE	SD
NAME	TWICHEL, CAROLYN A
STREET ADDRESS	5500 MORRO WAY #68
CITY-ST-ZIP	LA MESA, CA 91942
TITLE	VD
NAME	GUYMON, MICHAEL M
STREET ADDRESS	439 POCOHONTAS AVE
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/04-80054-003 70.00

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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: Hilbert M. Zimpelman 4/16/04 (760) 632-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #