


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 763534 1. Entity Name TAMPA BAY CRANIOFACIAL CENTER FOUNDATION, INC.	
---	---

Principal Place of Business 6358 MAC LAURIN DR. TAMPA FL 33647-8164	Mailing Address 6358 MAC LAURIN DR. TAMPA FL 33647-8164
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt #, etc.	Suite, Apt #, etc.
--------------------	--------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E037 (11/03)

4. FEI Number 59-2637282	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

HABAL, MUTAZ B. 6358 MACLAURIN DRIVE TAMPA FL 33647	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 _____ <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

FILE NOW: FEE IS \$61.25 <input checked="" type="checkbox"/> Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD HABAL, MUTAZ, B. 6358 MAC LAURIN DR. TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000034767 02/05/04-80097-002 70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SMD MICHAEL ABOLONEY 6358 MACLAURIN DRIVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SCHEUERLE, JANE 6358 MACLAURIN DRIVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4/31/04 8732380409
---	---------------------------