

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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90011 016 ****61.25

DOCUMENT # 765253

1. Entity Name

JAMES GRANVILLE CUNNINGHAM FOUNDATION, INC.



Principal Place of Business

135 VILLAGE COURT SE
WINTER HAVEN FL 33884
US

Mailing Address

135 VILLAGE COURT SE
WINTER HAVEN FL 33884
US

02003733



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2224336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMATO, P R
203 LOMA DR
36
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD Delete
NAME WHITE, THOMAS L
STREET ADDRESS 6104 SW 84 ST
CITY-ST-ZIP OCALA FL 34476

TITLE DV Delete
NAME LEE, OWEN DR
STREET ADDRESS 909 LAKE JESSIE DR
CITY-ST-ZIP WINTER HAVEN FL

TITLE DC Delete
NAME LEESTAMPER, ROBERT DR L
STREET ADDRESS 207 HIGHLAND BLVD
CITY-ST-ZIP WATERLOO IA

TITLE STD Delete
NAME AMATO, P R
STREET ADDRESS 135 VILLAGE COURT, SE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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:

P.R. Amato
P.R. AMATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2004 863324-3597
Date Daytime Phone #