

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000421

1. Entity Name
BUDEK FAMILY FOUNDATION, INC.



Principal Place of Business
**5580 PETERSON LANE, SUITE 250
DALLAS, TX 75240**

Mailing Address
**5580 PETERSON LANE, SUITE 250
DALLAS, TX 75240**



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2864970 Applied For
(Not Applicable)

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

6. Name and Address of Current Registered Agent

**BUDEK, GARY M
1960 6TH ST. SOUTH
NAPLES, FL 34102**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
BUDEK, GARY M
1960 6TH ST. SOUTH
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BUDEK, PAULA J
1960 6TH ST. SOUTH
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUDEK, JULIE M
1960 6TH ST. SOUTH
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000153969
05/04/04-80149-004 61.25

**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)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04 239-649-424
Date Daytime Phone #