

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003648

FILED
Feb 25, 2004
Secretary of State**Entity Name:** THE HEDGES FAMILY CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**2640 GOLDEN GATE PARKWAY
SUITE 202
NAPLES, FL 34105**New Principal Place of Business:**2640 GOLDEN GATE PARKWAY
SUITE 202
NAPLES, FL 34105 US**Current Mailing Address:**2640 GOLDEN GATE PARKWAY
SUITE 202
NAPLES, FL 34105**New Mailing Address:**2640 GOLDEN GATE PARKWAY
SUITE 202
NAPLES, FL 34105 US**FEI Number:** 65-0626753**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRICE, MARK J ESQ.
801 LAUREL OAK DRIVE
FIFTH FLOOR
NAPLES, FL 34108 US**Name and Address of New Registered Agent:**PRICE, MARK J ESQ.
850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103 US

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.

SIGNATURE: _____

02/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: HEDGES, JAMES R IV
Address: 3055 FORT CHARLES DRIVE
City-St-Zip: NAPLES, FL 34102**Title:** DS () Delete
Name: HEDGES, LUND M
Address: 3055 FORT CHARLES DRIVE
City-St-Zip: NAPLES, FL 34102**Title:** D () Delete
Name: KOENIG, MALONE M
Address: 2323 CANYON DRIVE
City-St-Zip: LOS ANGELES, CA 90068**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R HEDGES, IV

D/P

02/25/2004

Electronic Signature of Signing Officer or Director

Date