

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

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90023 031 \*\*\*\*61.25

**DOCUMENT # F01000005230**

1. Entity Name

THE V.O.I.C. EXPERIENCE FOUNDATION, INC.



Principal Place of Business

225 W. 34TH STREET  
STE 2007  
NEW YORK NY 10122

Mailing Address

PO BOX 939  
LIBERTYVILLE IL 60048-0939

2. Principal Place of Business

3. Mailing Address

105 OLD MILL POND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
PALM HARBOR, FL

4. FEI Number

13-4145412

Applied For

Not Applicable

Zip

Country

Zip

34683

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZOUVES, MARIA  
105 OLD MILL POND RD  
PALM HARBOR FL 34683

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: TD ☐ Delete  
NAME: GANNON, ELIZABETH  
STREET ADDRESS: 105 OLD MILL POND RD  
CITY-ST-ZIP: PALM HARBOR FL 34683

TITLE: VD ☐ Delete  
NAME: ZOUVES, MARIA  
STREET ADDRESS: 105 OLD MILL POND RD  
CITY-ST-ZIP: PALM HARBOR FL 34683

TITLE: SD ☐ Delete  
NAME: DOBROSKI, BERNARD  
STREET ADDRESS: 133 ABINGDON AVENUE  
CITY-ST-ZIP: KENILWORTH IL 60043

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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: CHAIRMAN ☐ Change ☒ Addition  
NAME: SHERRILL MILNES  
STREET ADDRESS: 105 OLD MILL POND RD.  
CITY-ST-ZIP: PALM HARBOR, FL 34683

TITLE: BOARD MEMBER ☐ Change ☒ Addition  
NAME: DAVID L. GLUECK  
STREET ADDRESS: 2041 N. HOWE STREET  
CITY-ST-ZIP: CHICAGO, IL 60614

TITLE: BOARD MEMBER ☐ Change ☒ Addition  
NAME: BROOKE BRENNER  
STREET ADDRESS: 2041 N. HOWE STREET  
CITY-ST-ZIP: CHICAGO, IL 60614

TITLE: BOARD MEMBER ☐ Change ☒ Addition  
NAME: SCOTT FILSTRUP  
STREET ADDRESS: 6159 S. NEW HAVEN AVENUE  
CITY-ST-ZIP: TULSA, OK 74136-1510

TITLE: BOARD MEMBER ☐ Change ☒ Addition  
NAME: BARRY TUCKER  
STREET ADDRESS: 215 E. 68th STREET  
CITY-ST-ZIP: NEW YORK, NY 10021

TITLE: ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ZOUVES

3/19/04

Date

847-707-0177

Daytime Phone #