

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90023 036 \*\*\*\*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

105 OLD MILL POND RD.  
PALM HARBOR FL 34683

2. Principal Place of Business

1797 Marcus Ave.

3. Mailing Address

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

City & State

Lake Success, NY

City & State

Zip

11042

Country

USA

Zip

Country

4. FEI Number

13-4145412

Applied For

Not Applicable

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, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	TD GANNON, ELIZABETH 105 OLD MILL POND RD PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZOUVES, MARIA 105 OLD MILL POND RD PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOBROSKI, BERNARD 133 ABINGDON AVENUE KENILWORTH IL 60043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MILNES, SHERRILL 105 OLD MILL POND RD. PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM GLVECK, DAVID L 2041 N. HOWE ST. CHICAGO IL 60614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM BREMNER, BROOKE 2041 N. HOWE ST. CHICAGO IL 60614	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

(847) 707-0177

Date

Daytime Phone #