2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000000031

1. Entity Name
THE MORTENSEN FAMILY FOUNDATION INCORPORATED

Principal Place of Business	Mailing Address
1763 LEE JANZEN DRIVE KISSIMMEE, FL 34744	1763 LEE JANZEN DRIVE KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
36-4474465

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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 _____ DATE
(If applicable, signature of registered agent is required.) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000157246
05/06/04-80018-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORTENSEN, SHEILA C
STREET ADDRESS	1763 LEE JANZEN DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	TSD
NAME	MORTENSEN, LAWRENCE
STREET ADDRESS	1763 LEE JANZEN DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	MORTENSEN, NEAL
STREET ADDRESS	10457 LOUETTA LANE
CITY-ST-ZIP	ORLAND PARK, IL 60457
TITLE	D
NAME	MORTENSEN, MONICA
STREET ADDRESS	1763 LEE JANZEN DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Sheila C. Mortensen 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date