


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

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004676		
1. Entity Name THE GEORGE AND DOLORES ROLLAR FOUNDATION, INC.		
Principal Place of Business 100 PARK AVE CLEARWATER, FL 33764 US	Mailing Address PO BOX 17297 CLEARWATER, FL 33762 US	



07232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3309790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 reinstalling) DATE

**Filing Fee is \$61.25
Due by September 8, 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	PD ROLLAR, GEORGE PO BOX 17297 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROLLAR, DOLORES PO BOX 17297 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROLLAR, RICHARD ROUTE 21 BOX 1415 OLD FORT, NC 28762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBERGA, MICHAEL PO BOX 472 CT GRAND CAYMAN, BW1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLLAR, KATHLEEN 84 ROUTE 81 CLINTON, CT 06413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLER, ROBERT B 1014 41 AVE NE SAINT PETERSBURG, FL 33703

U00000163206
08/02/04-80015-003 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)(f), 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

7-28-04 345-945-3505
Date Daytime Phone #