


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> F96000001900	
1. Entity Name FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.	

Principal Place of Business VAN ENGELNWEIG 21A P.O. BOX 3335 CURACAO NETHERLANDS ANTILLES,	Mailing Address PO BOX 899 CLEARWATER, FL 33757
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01092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0136014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JOHNSON, PAUL B 112 SOUTH MAGNOLIA AVE TAMPA, FL 33606	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RONNQUIST, EWA P.O. BOX 1931 CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEE, LISE L P.O. BOX 2714 CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, DEBORAH P.O. BOX 956 CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRAAG, GEORGE PO BOX 3335 CURACAO NETH ANTILLES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000030030  
02/04/04-80091-015 70.00

**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:** *Lise Cohee* LISE COHEE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Jan 04 727-445-4356  
Date Daytime Phone #