


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000192	
1. Entity Name THE BLIVAS FAMILY FOUNDATION, INC.	

Principal Place of Business 1266 FIRST STREET SUITE 7 SARASOTA, FL 34236	Mailing Address 1266 FIRST STREET SUITE 7 SARASOTA, FL 34236
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08192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0972304	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 GREGORIA, RIC 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	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 reinstating) **DATE** _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BLIVAS, DONALD R 143 BEACH ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BLIVAS, CAROL 143 BEACH ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BLIVAS, TARA 143 BEACH ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000168644 07/28/04-80005-003 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Tara Blivas-Eckhoff 6/20/04 813-391-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #