

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90026 030 ****61.25

DOCUMENT # N00000000472

1. Entity Name

THE BILL ROLLO FOUNDATION, INC.



Principal Place of Business

3110 MEGINNIS ARM RD
TALLAHASSEE FL 32312

Mailing Address

3110 MEGINNIS ARM RD
TALLAHASSEE FL 32312

2. Principal Place of Business

3010 McGinnis Arm Rd
Suite, Apt. #, etc.

3. Mailing Address

3010 McGinnis Arm Rd
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3713670

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, MARK S
245 E VIRGINIA ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name RONALD M. FELL
Street Address (P.O. Box Number is Not Acceptable)
3010 MEGINNIS ARM RD.
City TALLAHASSEE FL Zip Code 32312

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

Ronald M. Fell

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, 2004

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 PD
NAME FELL, RONALD M
STREET ADDRESS 3010 MEGINNIS ARM RD
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D
NAME BISHOP, BARNEY
STREET ADDRESS 10976 LUNA PT RD
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D
NAME WILLIAMS, NANCY H
STREET ADDRESS 1500 E. JOHNSON AVE #214
CITY-ST-ZIP PENSACOLA FL 32514 ☒ Delete

TITLE DS
NAME FELL, JUDITH M
STREET ADDRESS 3010 MEGINNIS ARM RD.
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Ronald M. Fell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 (850)385-1764
Date Daytime Phone #