2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 16 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # N00000001017

1. Entity Name
THE FLORIDA TECHNOLOGICAL RESEARCH AND DEVELOPMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
5195 S. WASHINGTON AVE. TITUSVILLE, FL 32780	5195 S. WASHINGTON AVE. TITUSVILLE, FL 32780

04132004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3655421

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERS, MICHELLE
5195 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWER, RON
STREET ADDRESS	5195 S. WASHINGTON AVE.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VCD
NAME	MCKAY, JESSE
STREET ADDRESS	9951 ATLANTIC BLVD. SUITE 120
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	STD
NAME	SPENCER, JUDY
STREET ADDRESS	712 FLORIDA AVENUE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04--01010--001 **61.25

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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: Michelle L Peters 4/13/04 321-269-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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