


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90019 012 \*\*\*\*61.25

<b>DOCUMENT # N00000001324</b>		
1. Entity Name THE THANKSGIVING FUND, INC.		

Principal Place of Business 100 SOUTH ASHLEY DRIVE SUITE 1770 TAMPA, FL 33602	Mailing Address 100 SOUTH ASHLEY DRIVE SUITE 1770 TAMPA, FL 33602
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2. Principal Place of Business 1700 S. MacDill Ave.	3. Mailing Address 1700 S. MacDill Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Tampa, FL 33629	City & State Tampa, FL
Zip 33629	Country USA



01162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3627428	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDEE, BRETT ESQ. 1700 S. MACDILL AVE., SUITE 200 TAMPA, FL 33629-5218	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  1-20-04  
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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERTRON, STEWART T 2502 W. SIMMS TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 S. MacDill Avenue, Ste 200 Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTRON, TAMMY B 2502 W. SIMMS BLVD. TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 S. MacDill Avenue, St 200 Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HENDEE, BRETT 100 S. ASHLEY DRIVE SUITE 1770 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 S. MacDill Avenue, Ste 200 Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  President 1/16/04 813-258-1177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #