

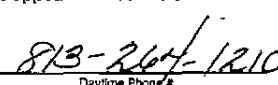


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001823 1. Entity Name SUSAN AND MICHAEL SCHECHTER FOUNDATION, INC.			
Principal Place of Business 16608 MILLAN DE AVILA TAMPA, FL 33613		Mailing Address 1611 W. PLATT ST. TAMPA, FL 33606	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent KOEHLER, KEITH W KOEHLER & COMPANY P.A. 1611 W. PLATT ST TAMPA, FL 33606		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000153237 05/04/04-80118-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, SUSAN 16608 MILLAN DE AVILA TAMPA, FL 33613	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, MICHEAL 16608 MILLAN DE AVILA TAMPA, FL 33613		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTH, KEVIN 1723 ORLEANS RD HARWICH, MA 02645		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/28/04  <small>Date Daytime Phone #</small>	