

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

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90002 023 ****61.25

DOCUMENT # N00000003183

1. Entity Name
SALTER FAMILY FOUNDATION, INC.



Principal Place of Business
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS, FL 32714

Mailing Address
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3644177

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STARK, CHARLES H
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS, FL 32714

**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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SALTER, JAMES I JR
STREET ADDRESS 531 W MAIN ST
CITY-ST-ZIP RICHMOND, KY 40475

TITLE D
NAME STARK, CHARLES H
STREET ADDRESS 986 DOUGLAS AVE, STE 100
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME SALTER, MARIL
STREET ADDRESS 531 W MAIN ST
CITY-ST-ZIP RICHMOND, KY 40475

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/04

8596230027