

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003320

Entity Name: JARVIS FOUNDATION, INC.

FILED  
Apr 01, 2004  
Secretary of State

## Current Principal Place of Business:

4770 N.W. 10TH CT., #316  
PLANTATION, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 14501  
FORT LAUDERDALE, FL 33312 US

## New Mailing Address:

FEI Number: 65-1019956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAMBLISS, LINDA  
707 S.E. 3RD AVE., #101  
FT. LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOODY, DOUGLAS  
Address: 4770 N.W. 10TH CT., #316  
City-St-Zip: PLANTATION, FL 33313

Title: D ( ) Delete  
Name: AMATO, GAIL  
Address: 460 N.W. 79TH AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: RICHTER, MARIA  
Address: 1170 N. FEDERAL HWY., #104  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD ( ) Delete  
Name: DUNN, SUSAN  
Address: 1975 NE 15TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: T ( ) Delete  
Name: RUSSELL, STACY  
Address: 22421 SW 66TH AVE. #507  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS BOODY

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date