

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90016 029 \*\*\*\*61.25

**DOCUMENT # N00000003361**

1. Entity Name  
**HUFFMAN FAMILY FOUNDATION, INC.**



Principal Place of Business  
**1350 S PENNSYLVANIA AVE  
WINTER PARK, FL 32789**

Mailing Address  
**1350 S PENNSYLVANIA AVE  
WINTER PARK, FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08042004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3646750**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, ELIZABETH A  
1350 S PENNSYLVANIA AVE  
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

110. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUFFMAN, GERALD H	
STREET ADDRESS	1100 S ORLANDO AVE #856	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUFFMAN, HELEN S	
STREET ADDRESS	1100 S ORLANDO AVE #856	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	TAYLOR, ELIZABETH A	
STREET ADDRESS	1350 S PENNSYLVANIA AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William L. Stear	
STREET ADDRESS	315 Sweetwater Boulevard North	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles H. Stark	
STREET ADDRESS	986 Douglas Avenue	
CITY-ST-ZIP	Suite 100 Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Charles H. Stark)

8/5/07

Attachment  
24079272  
CHARLES H. STARK, P. A.

ATTORNEY AT LAW

SUITE 100

CHARLES H. STARK

E-MAIL CHSTARK@BELLSOUTH.NET

986 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FLORIDA

32714

TELEPHONE (407) 788-0250

FACSIMILE (407) 788-7244

August 4, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

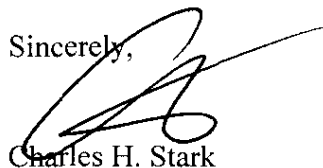
Re: Huffman Family Foundation, Inc.  
Document #N00000003361

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced corporation is the 2004 Not-For-Profit Corporation Annual Report. Also enclosed is our firm's check payable to your office in the amount of \$61.25 representing the fee for this service.

Please contact the undersigned with any questions.

Sincerely,



Charles H. Stark

CHS/db  
Enclosures