2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003679

1. Entity Name
SLOCUM FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1544 SKYLINE DRIVE KISSIMMEE, FL 34744	1544 SKYLINE DRIVE KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3651001
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLOCUM, GAIL W
1544 SKYLINE DRIVE
KISSIMMEE, FL 34744

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000115659
04/16/04-80033-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLOCUM, GAIL W
STREET ADDRESS	1544 SKYLINE DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	SLOCUM, LAWRENCE D
STREET ADDRESS	1544 SKYLINE DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	SLOCUM DALPHOND, LINDSEY
STREET ADDRESS	1207 EDGE DRIVE
CITY-ST-ZIP	NORTH MYRTLE BEACH, SC 29582
TITLE	D
NAME	SLOCUM, BRIAN
STREET ADDRESS	30 COLUMBIA PLACE, #A11
CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lawrence D Slocum / LAWRENCE D SLOCUM 4/14/04 407-847-6894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #