

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90237 014 \*\*\*\*61.25

**DOCUMENT # N00000004506**

1. Entity Name  
**SCRIPT INTERNATIONAL OUTREACH FOUNDATION,  
INC.**



Principal Place of Business  
**611 CINDY CT.  
JACKSONVILLE, FL 32259**

Mailing Address  
**611 CINDY CT.  
JACKSONVILLE, FL 32259**

**54030087**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3657255**

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

**JACKSON, ROBERT S  
611 CINDY CT.  
JACKSONVILLE, FL 32259**

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FONTAINE, VICTOR C  
STREET ADDRESS 899 JEFFERY ST PORTA BELLA E #414  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME JACKSON, ROBERT S  
STREET ADDRESS 611 CINDY COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME KAYE, LAWRENCE B  
STREET ADDRESS 8060 JAMES ISLAND TRAIL  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCHUESSLER, ALEX S  
STREET ADDRESS 100 BLEEKER STREET APT #10C  
CITY-ST-ZIP NEW YORK, NY 10012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ALFARO, RAUL  
STREET ADDRESS AVENUE INDUSTRIAL 675  
CITY-ST-ZIP LIMA PERU,

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MARRANZINI, JAIME  
STREET ADDRESS C/O IMCA, C PORO APARTADO 171  
CITY-ST-ZIP SANTO DOMINGO DN, DR

TITLE ☐ Change ☐ 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

**4/9/04 561-241-7292**

Date

Daytime Phone #