

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004606

1. Entity Name
**ROBERT R. AND MOLLIE B. NELSON CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**1452 HILLVIEW DRIVE
SARASOTA, FL 34239**

Mailing Address
**1452 HILLVIEW DRIVE
SARASOTA, FL 34239**

DO NOT WRITE IN THIS SPACE



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1030134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HRIC, MICHAEL ESQ
2801 FRIUTVILLE RD STE 100
SARASOTA, FL 34230**

**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 _____ (NOTE: Registered Agent signature required when re-statuting) 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

**U00000034033
02/05/04-80067-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NELSON, ROBERT R 1452 HILLVIEW DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NELSON, MOLLIE B 1452 HILLVIEW DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HRIC, MICHAEL 2801 FRUITVILLE RD STE 100 SARASOTA, FL 34230
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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)(b), 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: Robert R. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04 941-3730400
Date Daytime Phone #

ROBERT R. NELSON