

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004636

FILED
Apr 22, 2004
Secretary of State**Entity Name:** PHYSICALLY CHALLENGED SPORTS FOUNDATION, INC.**Current Principal Place of Business:**1 CITRUS BOWL PLACE
SUITE 203
ORLANDO, FL 32805**New Principal Place of Business:****Current Mailing Address:**1 CITRUS BOWL PLACE
SUITE 203
ORLANDO, FL 32805**New Mailing Address:****FEI Number:** 59-3729378 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAPPER, JEFF
1151 STATIONSIDE DR
OAKLAND, FL 34787 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:** D () Delete
Name: LILLY, MICHELLE
Address: 1307 OLYMPIA PARK CIRLCE
City-St-Zip: OCOEE, FL 34761**Title:** D () Delete
Name: THOMAS, DANA
Address: 790 E LAKE SUE AVE
City-St-Zip: WINTER PARK, FL 32787**Title:** D () Delete
Name: FISCHER, GARY
Address: 111 DELLWOOD DR
City-St-Zip: LONGWOOD, FL 32750**Title:** D () Delete
Name: SAPPER, JEFF
Address: 1151 STATIONSIDE DR
City-St-Zip: OAKLAND, FL 34787**Title:** D () Delete
Name: HOFFMAN, PAT
Address: 2241 LANGLEY CIRCLE
City-St-Zip: ORLANDO, FL 32835**Title:** D () Delete
Name: TAVRIDES, SHANNON
Address: 517 WEST HAZEL STREET
City-St-Zip: ORLANDO, FL 32804**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: LILLY, DOUG
Address: 1307 OLYMPIA PARK CIRLCE
City-St-Zip: OCOEE, FL 34761**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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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: JEFF SAPPER

D

04/22/2004

Electronic Signature of Signing Officer or Director

Date