

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004904

FILED
May 14, 2004
Secretary of State**Entity Name:** LEROY AND ALICE PATE FAMILY FOUNDATION, INC.**Current Principal Place of Business:**18246 HANCOCK BLUFF ROAD
DADE CITY, FL 33523**New Principal Place of Business:****Current Mailing Address:**18246 HANCOCK BLUFF ROAD
DADE CITY, FL 33523**New Mailing Address:****FEI Number:** 59-3667465**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PATE, LEROY L
13540 N. FLORIDA AVENUE
SUITE 203
TAMPA, FL 33613 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:** PD () Delete
Name: PATE, LEROY
Address: 18246 HANCOCK BLUFF ROAD
City-St-Zip: DADE CITY, FL 33523**Title:** STD () Delete
Name: PATE, ALICE S
Address: 18246 HANCOCK BLUFF ROAD
City-St-Zip: DADE CITY, FL 33523**Title:** D () Delete
Name: WATSON, LYNNE P
Address: 1936 CAHABA CREST DRIVE
City-St-Zip: BIRMINGHAM, AL 35242**Title:** D () Delete
Name: PATE, BETH A
Address: 10875 MORTONS CIRCLE
City-St-Zip: ALPHARETTA, GA 30022**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: ALICE S. PATE

STD

05/14/2004

Electronic Signature of Signing Officer or Director_____
Date