

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005006

1. Entity Name  
WORLD OLYMPIANS ASSOCIATION FOUNDATION, INC.



**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90042 005 \*\*\*\*61.25

Principal Place of Business  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32802

Mailing Address  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3689199

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

A.G.C. CO.  
200 S ORANGE AVENUE SUITE 2300  
ORLANDO, FL 32801

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 D ☐ Delete  
NAME SCHMITT, PAL DR  
STREET ADDRESS 200 S. ORANGE AVE., STE., 2300  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Change ☒ Addition  
NAME Szewinska, Irena  
STREET ADDRESS 200 S. ORANGE AVE., STE 2300  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE CD ☐ Delete  
NAME BOCHETTE, LISTON DR  
STREET ADDRESS 200 S. ORANGE AVE., STE., 2300  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Change ☒ Addition  
NAME Cturtlik, Robert  
STREET ADDRESS 200 S. ORANGE AVE., STE 2300  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete  
NAME FERRIS, ELIZABETH DR  
STREET ADDRESS 200 S. ORANGE AVE., STE 2300  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Change ☒ Addition  
NAME Perez, Hector  
STREET ADDRESS 200 S. ORANGE AVE., STE 2300  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete  
NAME TOOMEY, WILLIAM  
STREET ADDRESS 200 S. ORANGE AVE., STE., 2300  
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE D ☐ Delete  
NAME ELLIOT, HERB  
STREET ADDRESS 200 S. ORANGE AVE., STE., 2300  
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE D ☐ Delete  
NAME DIA BA, EL HADJI A  
STREET ADDRESS 200 S. ORANGE AVE., STE., 2300  
CITY-ST-ZIP ORLANDO, FL 32801

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

Liston Bochette

3/5/04

(239)340-4040

Date

Daytime Phone #