

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90008 049 ****61.25

DOCUMENT # N00000005630

1. Entity Name
THE BLACKBURN FAMILY FOUNDATION, INC.



Principal Place of Business
**7021 VERDE WAY
NAPLES, FL 34108**

Mailing Address
**7021 VERDE WAY
NAPLES, FL 34108**

44049802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1061984

Applied For
Not Applicable

Zip Country

Zip Country

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

**STRAUSS, JEROME M.
9130 GALLEVIA CT
NAPLES, FL 34109**

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 **Jerome M. Strauss**

7-15-04

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 September 8, 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
NAME **DP**
STREET ADDRESS **BLACKBURN, MYRLE A**
CITY-ST-ZIP **7021 VERDE WAY
NAPLES, FL 34108** ☐ Delete

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

TITLE
NAME **DVPT**
STREET ADDRESS **BLACKBURN, ARTHUR H**
CITY-ST-ZIP **7021 VERDE WAY
NAPLES, FL 34108** ☐ Delete

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

TITLE
NAME **DS**
STREET ADDRESS **STRAUSS, JEROME M**
CITY-ST-ZIP **5129 CASTELLO DRIVE, #1
NAPLES, FL 34103** ☐ Delete

TITLE
NAME **DS**
STREET ADDRESS **Strauss, Jerome M.**
CITY-ST-ZIP **9115 Galleria Court #2
Naples, FL 34109** ☒ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **Myrle A. Blackburn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**440 247-6364
334 592-0383**