


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N01000002250 |  |
| 1. Entity Name THE PASSIFLORA SOCIETY INTERNATIONAL, INC. | |

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| Principal Place of Business 3600 W SAMPLE RD COCONUT CREEK, FL 33073 | Mailing Address 3600 W SAMPLE RD COCONUT CREEK, FL 33073 |
|--|--|

DO NOT WRITE IN THIS SPACE



01152004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-1094479 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

5. Name and Address of Current Registered Agent

BOENDER, RONALD
3600 W SAMPLE RD
COCONUT CREEK, FL 33073

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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 reinstating) DATE _____

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|---|---|---|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000042818 02/10/04-80040-017 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOENDER, RONALD 3600 W SAMPLE RD COCONUT CREEK, FL 33073 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD EMMEL, THOMAS C 3600 W SAMPLE RD COCONUT CREEK, FL 33073 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ZINNO, ANNA 3600 W SAMPLE RD COCONUT CREEK, FL 33073 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **Ronald Boender** 2-5-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #