2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002475

1. Entity Name
THE ALTAMONTE ORGANIZING COMMITTEE, INC.

Principal Place of Business	Mailing Address
C/O RICHARD HANDWERK, WESTMONTE PARK 624 BILLS LANE ALTAMONTE SPRINGS, FL 32714	C/O RICHARD HANDWERK, WESTMONTE PARK 624 BILLS LANE ALTAMONTE SPRINGS, FL 32714

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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3712683 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUTBERG, GERALD
670 N. ORLANDO AVE STE 1004A
MAITLAND, FL 32751

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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 _____
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLFRAM, STEPHEN W
STREET ADDRESS	499 N. STATE RD. 434 STE 2125
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	HANDWERK, RICHARD
STREET ADDRESS	624 BILLS LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	RUTHBERG, GERALD
STREET ADDRESS	670 N. ORLANDO AVE STE 1004A
CITY-ST-ZIP	MAITLAND, FL 32751
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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04/16/04-80073-001 70.00

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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: R. Handwerk RICHARD HANDWERK 1-7-04 407-571-8743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #