2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90393 013 ****61.25

1. Entity Nam	MENT # N01000000 FUND RAISING	3127		03-	-29-2004 90393	013 ****61.	25
Principal Place of Business 21000 A SR 64 E BRADENTON, FL 34202		Mailing Address 21000 A SR 64 E BRADENTON, FL 34202		24030288			
2. Principal P	Place of Business	3. Mailing Address		j 		6186 1121 1212 1214 111	<u> </u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01132004 Ch	g-NP CR	2E037 (10/03)	
City & Stat	de	City & State		4. FEI Number 65-1122402	2		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	¢0.75	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registe		
CAZEMIR	O, FABRIENNE FABIE	ENNE	Name				
21000 E S	-,		Street Addres	s (P.O. Box Number is N	lot Acceptable)		
	·					_	
•			City			FL Zip Cod	е
the obligat	named entity submits this statement fo tions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in t	the State of Florida.	am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	lred when reinstating)		ATE · ·	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004		npaign Financing	\$5.00 May Be Added to Fees	Make c	ATE heck payable to epartment of St	
SIGNATURE	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be	Make c Florida De	heck payable to epartment of St	tate
•	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make c Florida De	heck payable to epartment of St	tate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI PD SARPPRAICONE, CAMILLE 10603 WINDING STREAM RD BRADENTON, FL 34202 VPD CAZEMIRO, FABIENNE 5636 SAWYER CIRCLE	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make c Florida De	heck payable to epartment of SI D DIRECTORS IN	tate_
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI PD SARPPRAICONE, CAMILLE 10603 WINDING STREAM RD BRADENTON, FL 34202 VPD CAZEMIRO, FABIENNE 5636 SAWYER CIRCLE SARASOTA, FL 34233 SD	9. Election Carr Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Make c Florida De	heck payable to epartment of Sin D DIRECTORS IN Change	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI PD SARPPRAICONE, CAMILLE 10603 WINDING STREAM RD BRADENTON, FL 34202 VPD CAZEMIRO, FABIENNE 5636 SAWYER CIRCLE SARASOTA, FL 34233 SD FORTH, LORI F 22108 27TH AVE E	9. Election Can Trust Fund C RECTORS Delete	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Make c Florida De	heck payable to epartment of Sin D DIRECTORS IN Change	I 10 - Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI PD SARPPRAICONE, CAMILLE 10603 WINDING STREAM RD BRADENTON, FL 34202 VPD CAZEMIRO, FABIENNE 5636 SAWYER CIRCLE SARASOTA, FL 34233 SD FORTH, LORI F FARNS 22108 27TH AVE E BRADENTON, FL 34202 T CHENOWETH, JUNE 2249 17TH STREET WEST	9. Election Can Trust Fund C RECTORS Delete Delete	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make c Florida De	heck payable to epartment of Si D DIRECTORS IN Change	I 10 Addition Addition

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 receivar 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR