

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90040 050 ****70.00

DOCUMENT # N01000003186					
1. Entity Name THE MARIA DEWBERRY CHILDRENS FOUNDATION, INC.					
Principal Place of Business 124 ROBIN RD STE 1700 ALTAMONTE SPRINGS, FL 32701			Mailing Address 124 ROBIN RD STE 1700 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3724805				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRATT, JAMES R ESQ. 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BROWNING-SMITH, TAMMY STREET ADDRESS 924 N MAPLE RD CITY-ST-ZIP ANN ARBOR, MI 48103	<input type="checkbox"/> Delete		TITLE PID NAME Donna Dewberry STREET ADDRESS 9006 Mossy Oak Lane CITY-ST-ZIP Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DEWBERRY, JOEL STREET ADDRESS 811 E HIGHLAND DR CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE D NAME Joel Dewberry STREET ADDRESS 13212 Via Roma Circle CITY-ST-ZIP Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LOWE, BRIAN STREET ADDRESS 1525 EAST BLVD CITY-ST-ZIP MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete		TITLE SID NAME Marc Dewberry STREET ADDRESS 9006 Mossy Oak Lane CITY-ST-ZIP Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NORTH, MARY BETH STREET ADDRESS 1022 HAMILTON AVE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE TID NAME Marcus Dewberry STREET ADDRESS 10813 Versailles Blvd CITY-ST-ZIP Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PARENTE, MELISSA STREET ADDRESS 1411 GLADIOLAS DR CITY-ST-ZIP WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE D NAME Teri Lanenga STREET ADDRESS 1500 Ibis Court CITY-ST-ZIP Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RUSSO, PETER STREET ADDRESS 3 MACINTOSH RD CITY-ST-ZIP BEDFORD, MA 01730	<input checked="" type="checkbox"/> Delete		TITLE D NAME Christy Dolya STREET ADDRESS 1358 Chatfield Place CITY-ST-ZIP Orlando, FL 32814	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: <i>Maria Dewberry</i>			Secretary 1-20-04 407-339-0239		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		