

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90012 047 ****61.25

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01212004 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000003781					
1. Entity Name LORENZO WALKER INSTITUTE OF TECHNOLOGY FOUNDATION, INC.					
Principal Place of Business 3702 ESTEY AVE NAPLES, FL 34104			Mailing Address 3702 ESTEY AVE NAPLES, FL 34104		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1136675			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEADE, BYRON J 3702 ESTEY AVE NAPLES, FL 34104			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, LORENZO		NAME		
STREET ADDRESS	3702 ESTEY AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, EUGENE J		NAME		
STREET ADDRESS	3702 ESTEY AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEADE, BYRON J		NAME		
STREET ADDRESS	3702 ESTEY AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIESELHORST, FRANCES J		NAME	T/D GENE A. GARDNER	
STREET ADDRESS	3702 ESTEY AVE.		STREET ADDRESS	3702 ESTEY AVE	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUEICK, DENISE		NAME	DUZICK, DENISE	
STREET ADDRESS	3702 ESTEY AVE.		STREET ADDRESS	3702 ESTEY AVE	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SD DIANE YATES	
STREET ADDRESS			STREET ADDRESS	3702 ESTEY AVE	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34104	
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>Gene A. Gardner</i> GENE A. GARDNER			Date: 1/22/04 239-430-6901		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 239-659-5934		