

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90244 028 \*\*\*\*61.25

**DOCUMENT # N01000003804**

1. Entity Name

STEPHEN G. BLUME FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

~~C/O BCH MECHANICAL-TECO~~  
~~6354 118TH AVE., N.~~  
~~LARGO FL 33773~~

~~C/O BCH MECHANICAL-TECO~~  
~~6354 118TH AVE., N.~~  
~~LARGO FL 33773~~

14022201



MOORE

CR2E037 (11/03)

2. Principal Place of Business

745 Harbor Island

3. Mailing Address

745 Harbor Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FLA.

City & State

CLEARWATER, FLA.

4. FEI Number

59-3722176

Applied For

Not Applicable

Zip

33767

Country

USA

Zip

33767

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUME, STEPHEN G

~~C/O BCH MECHANICAL-TECO~~  
~~6354 118TH AVE., N.~~  
~~LARGO FL 33773~~

Name

STEPHEN G. Blume

Street Address (P.O. Box Number is Not Acceptable)

745 Harbor Island

City

Clw.

FL

Zip Code

33767

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

*Stephen G. Blume*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PSD ☐ Delete  
NAME BLUME, STEPHEN G  
STREET ADDRESS 745 HARBOR ISLAND  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ Change ☐ Addition  
NAME BLUME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE B ☒ Delete  
NAME BLUME, DARYL W  
STREET ADDRESS 8582 LAUREL DRIVE  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE B ☐ Delete  
NAME DEMA, ANTHONY N  
STREET ADDRESS 7751 ARAIA WAY  
CITY-ST-ZIP LARGO FL 33777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Stephen G. Blume*  
STEPHEN G. Blume

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

727-423-1241

Daytime Phone #