

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90065 025 ****61.25

DOCUMENT # N01000004501

1. Entity Name
ACCESS FOUNDATION CORPORATION



Principal Place of Business
**1749 NE 26TH ST., SUITE F
WILTON MANORS, FL 33305**

Mailing Address
**1749 NE 26TH ST., SUITE F
WILTON MANORS, FL 33305**



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-2336964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZADEN, RICHARD ESQ.
1749 NE 26TH ST., SUITE F *2850 N. Andrews Ave*
FT. LAUDERDALE, FL 33305 *Wilton Manors, FL 33311*

**DO NOT WRITE
IN THIS SPACE**

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] *1/29/04*

(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	WARDELL, PHIL
STREET ADDRESS	1749 NE 26TH ST, SUITE F
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	D
NAME	ZADEN, RICHARD J
STREET ADDRESS	1749 NE 26TH ST, SUITE F
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	D
NAME	SEILER, JOHN P
STREET ADDRESS	2900 E. OAKLAND PARK BLVD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	D
NAME	LOPEZ, PAUL
STREET ADDRESS	501 NE SPANISH CT
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	CLEMONS, LARRY
STREET ADDRESS	1807 N ATLANTIC BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	D
NAME	AHEARN, MICHAEL
STREET ADDRESS	1749 NE 26TH ST, SUITE F
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/04 *954 568 2122*