


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-01-2004 90006 042 ****61.25

DOCUMENT # N01000005395 1. Entity Name CLEVELAND CLINIC FLORIDA FOUNDATION, NONPROFIT CORPORATION					
Principal Place of Business 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331			Mailing Address 9500 EUCLID AVE TT-33 CLEVELAND, OH 44195		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1950 Richmond Road, TR-38 Suite, Apt. #, etc. Attn: Kerrie Krizner			
City & State		City & State Lyndhurst, OH		4. FEI Number 65-1133985	
Zip 44124	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORP OF FLORIDA 201 SOUTH BISCAYNE BLVD STE 2900 MIAMI, FL 33131-4330			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 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 NAME STREET ADDRESS CITY - ST - ZIP	D LORDEMAN, FRANK L 9500 EUCLID AVE MAIL CODE H-18 CLEVELAND, OH 44195	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWAN, DAVID 9500 EUCLID AVE MAIL CODE TT-33 CLEVELAND, OH 44195	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIXON, MALACHI 9500 EUCLID AVENUE H-18 CLEVELAND, OH 44195	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOOP, FLOYD D 9500 EUCLID AVE H-18 CLEVELAND, OH 44195	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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 6/14/04		Daytime Phone # 216/297-7000

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