
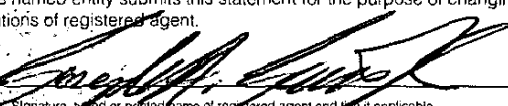
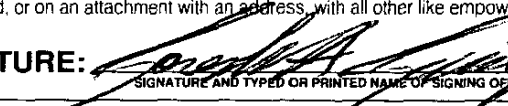


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90692 035 *****61.25

DOCUMENT # N01000005900 1. Entity Name LILLIAN MAE JANOSIK FOUNDATION, INC.					
Principal Place of Business 703 SW 74 AVE N LAUDERDALE FL 33068			Mailing Address 703 SW 74 AVE N LAUDERDALE FL 33068		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JANOSIK, JOSEPH A SR. 703 SW 74 AVE N LAUDERDALE FL 33068				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.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE: 4-25-04	
FILE NOW: 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 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANOSIK, JOSEPH A SR.				
STREET ADDRESS	703 SW 74 AVE				
CITY-ST-ZIP	N LAUDERDALE FL 33068				
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANOSIK, DAWN T				
STREET ADDRESS	703 SW 74 AVE				
CITY-ST-ZIP	N LAUDERDALE FL 33068				
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANOSIK, JOSEPH A JR.				
STREET ADDRESS	703 SW 74 AVE				
CITY-ST-ZIP	N LAUDERDALE FL 33068				
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANOSIK, MELISSA				
STREET ADDRESS	703 SW 74 AVE				
CITY-ST-ZIP	N LAUDERDALE FL 33068				
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANOSIK, JAMES A				
STREET ADDRESS	703 SW 74 AVE				
CITY-ST-ZIP	N LAUDERDALE FL 33068				
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JANOSIK, KIMBERLEY				
STREET ADDRESS	703 SW 74 AVE				
CITY-ST-ZIP	N LAUDERDALE FL 33068				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4-25-04 (954) 720-0514 <small>Daytime Phone #</small>			