


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 Mailing Address
703 SW 74 AVE **703 SW 74 AVE**
N LAUDERDALE FL 33068 **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



MOORE CR2E037 (11/03)

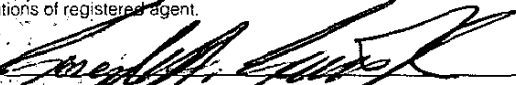
4. FEI Number Applied For
82-0549228 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JANOSIK, JOSEPH A SR.
703 SW 74 AVE
N LAUDERDALE FL 33068

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:  DATE: **4-25-04**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JANOSIK, JOSEPH A SR.	
STREET ADDRESS	703 SW 74 AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANOSIK, DAWN T	
STREET ADDRESS	703 SW 74 AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANOSIK, JOSEPH A JR.	
STREET ADDRESS	703 SW 74 AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANOSIK, MELISSA	
STREET ADDRESS	703 SW 74 AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANOSIK, JAMES A	
STREET ADDRESS	703 SW 74 AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANOSIK, KIMBERLEY	
STREET ADDRESS	703 SW 74 AVE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **4-25-04** DAYTIME PHONE #: **(954) 720-0514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #