# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2004**
**Secretary of State**

DOCUMENT# N01000006393

**Entity Name:** FOUNDATION FOR MOTORCYCLE AWARENESS, INC.

**Current Principal Place of Business:**

ATTN: REBECCA MARIOTTI
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: REBECCA MARIOTTI
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number: 59-3746658** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARIOTTI, REBECCA
1301 RIVERPLACE BLVD SUITE 1500
JACKSONVILLE, FL 32207

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MARIOTTI, REBECCA J
Address: 1301 RIVERPLACE BLVD SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: SCHWARZ, WARREN A
Address: 13 SAND DOLLAR DRIVE
City-St-Zip: ORMAOND BEACH, FL 32176

Title: D ( ) Delete
Name: WALLACE, CHARLIE
Address: 151 SWEETGUM LANE
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE WALLACE D 02/06/2004
Electronic Signature of Signing Officer or Director — Date