

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90230 015 ****61.25

DOCUMENT # N01000007240



1. Entity Name
**UNITED STATES CENTRAL COMMAND MEMORIAL
FOUNDATION, INC.**

Principal Place of Business
**4731 CENTRAL AVE
ST PETERSBURG, FL 33713**

Mailing Address
**4731 CENTRAL AVE
ST PETERSBURG, FL 33713**

24070486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3756501

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROUP, DAVID L
4731 CENTRAL AVE
ST PETERSBURG, FL 33713**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCARFONE, ELEANOR L**
CITY-ST-ZIP **2244 MAURITANIA RD
PUNTA GORDA, FL 33983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MONKO, JOSEPH P**
CITY-ST-ZIP **2413 BAYSHORE BLVD #502
TAMPA, FL 33629**

TITLE ☐ Change ☒ Addition
NAME **JULIA BAKER**
STREET ADDRESS **16502 CRANWOOD PLACE**
CITY-ST-ZIP **TAMPA, FL 33618-1129**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TROUP, DAVID L**
CITY-ST-ZIP **4731 CENTRAL AVE
ST PETERSBURG, FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID L. TROUP

4-28-04

**727
321-3246**