

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90011 022 ****61.25

DOCUMENT # N02000000576					
1. Entity Name BUENA VIDA FOUNDATION, INC.					
Principal Place of Business 2129 W. NEW HAVEN AVENUE W. MELBOURNE, FL 32904			Mailing Address 2129 W. NEW HAVEN AVENUE W. MELBOURNE, FL 32904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192004 Chg-NP CR2E037 (10/03)	
4. FEI Number 30-0060190				Applied For ☐ Not Applicable	
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		
BISHOP, RALPH 2129 W. NEW HAVEN AVENUE W. MELBOURNE, FL 32904			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 <u>Ralph C. Bishop</u> <u>RALPH C. BISHOP, REGISTERED AGENT</u> <u>4/19/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D BRETT, JOSEPH 300 E NASA BLVD. MELBOURNE, FL 32901 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL GRAPP 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, JOHN 200 OAK STREET MELBOURNE, FL 32951 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO JANECKE 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAY 2129 W. NEW HAVEN AVENUE W. MELBOURNE, FL 32904 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT MOYER 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTENBERRY, CARL 150 APPLEBY STREET PALM BAY, FL 32907 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED SWICKEY 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIX, GEORGE 2129 W. NEW HAVEN AVENUE W. MELBOURNE, FL 32904 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEN PARENT 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB BARBOR 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEANOR WATTIE 2129 W. NEW HAVEN AVE W. MELBOURNE, FL 32904 ☐ Change ☒ Addition	
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: <u>Ralph C. Bishop</u> <u>4/19/04</u> <u>321-724-0060</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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