


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000698 1. Entity Name THE STEFF FOUNDATION, INC.	
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Principal Place of Business 14175 ICOT BLVD SUITE 100 CLEARWATER, FL 33760	Mailing Address 14175 ICOT BLVD SUITE 100 CLEARWATER, FL 33760
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01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0051590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

INGHRAM, ROBERT
14175 ICOT BLVD.
SUITE 100
CLEARWATER, FL 33760

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DANIEL 14175 ICOT BLVD SUITE 100 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGHRAM, ROBERT 14175 ICOT BLVD SUITE 100 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT "NEAL" 14175 ICOT BLVD SUITE 100 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUME, KIRSTEN 14175 ICOT BLVD. SUITE 100 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000013864
01/26/04-80071-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Daniel P Johnson 1/16/04 7275243900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone