

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003597

FILED
Apr 15, 2004
Secretary of State**Entity Name:** JEAN MARCH MEMORIAL PH CAREGIVERS FOUNDATION, INC.**Current Principal Place of Business:**2309 W DEL WEBB BLVD
SUN CITY CENTER, FL 33573**New Principal Place of Business:**106 BRENT CIRCLE
OLDSMAR, FL 34677**Current Mailing Address:**PO BOX 5277
SUN CITY CENTER, FL 33571**New Mailing Address:**106 BRENT CIRCLE
OLDSMAR, FL 34677**FEI Number:** 39-0011190**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARCH, WILLIAM M
2309 W DEL WEBB BLVD
SUN CITY CENTER, FL 33573**Name and Address of New Registered Agent:**MARCH, WILLIAM M
106 BRENT CIRCLE
OLDSMAR, FL 34677

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: _____

04/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARCH, WILLIAM
Address: 2309 W DEL WEBB BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: ALCORN, PAMELA
Address: 4601 N 31ST AVE
City-St-Zip: ST PETERSBURG, FL 33713

Title: D () Delete
Name: MARCH, AMY
Address: 8564 W BARKHURST DR
City-St-Zip: PITTSBURGH, PA 15237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARCH, WILLIAM
Address: 106 BRENT CIRCLE
City-St-Zip: OLDSMAR, FL 34677

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: WILLIAM MARCH

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date