## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003874

Entity Name: THE 15,000 COALITION, INC.

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1061 COLLIER CENTER WAY 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110 NAPLES, FL 34110 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 111210 1061 COLLIER CENTER WAY NAPLES, FL 34108 NAPLES, FL 34110 FEI Number: 01-0710244 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LESTER, DON LESTER, DON E 1061 COLLIER CENTER WAY 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110 NAPLES, FL 34110 US 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: DON E. LESTER 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MORALES, GERARDO C Name: Name: 3380 24TH AVENUE SE Address: Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LIENEMANN, WILLIAM H Name: Address: 6131 PELICAN BAY BLVD. #11 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition TORRES, NELSON Name: Name: 3550 EVERGLADES BLVD. Address: Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: ( ) Delete Title: SD Title: () Change () Addition ANTONOWICZ, EDMUND W Name: Name: Address: 631 SW 67 TERRACE Address: City-St-Zip: PEMBROKE PINES, FL 330231546 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LESTER, DON LESTER, DON Name: Name: 1061 COLLIER CENTER WAY #5 1061 COLLIER CENTER WAY Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: (X) Change ( ) Addition PEREZ. LAWRENCE CPA PEREZ. LAWRENCE Name: Name:

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.

Address:

City-St-Zip:

27657 OLD 41 ROAD BONITA SPRINGS, FL 34135

SIGNATURE: DON E. LESTER D 04/30/2004

Address:

City-St-Zip:

27657 OLD 41 ROAD

BONITA SPRINGS, FL 34135