


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000004251	
<b>1. Entity Name</b> THE PRENDERGAST FAMILY FOUNDATION, INC.	

<b>Principal Place of Business</b> C/O FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901	<b>Mailing Address</b> C/O FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901
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01062004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 04-3703355	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  NASH, CHARLES I C/O FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901	<b>DO NOT WRITE IN THIS SPACE</b>
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**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.

<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000034494</b> <b>02/05/04-80085-014 61.25</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DPT PRENDERGAST, G. JOSEPH III 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DVS PRENDERGAST, JANE 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D NASH, CHARLES IAN 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

**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.

<b>SIGNATURE:</b> 	<b>02/04</b>	<b>772-288-4483</b>
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>