
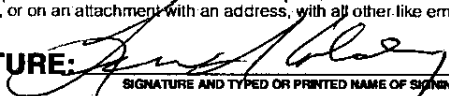


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90636 003 ****70.00

DOCUMENT # N02000005489 1. Entity Name THE COLODNY FAMILY FOUNDATION, INC.					
Principal Place of Business 6909 LAKE PLACE COURT TAMPA, FL 33634			Mailing Address 6909 LAKE PLACE COURT TAMPA, FL 33634		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272004 Chg-NP CR2E037 (10/03)	
4. FEI Number 51-0419168				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLODNY, LEONARD 6909 LAKE PLACE COURT TAMPA, FL 33634			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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	DPS COLODNY, LEONARD <input type="checkbox"/> Delete 6909 LAKE PLACE COURT TAMPA, FL 33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETTE, VINCENT (Orig. Director) <input type="checkbox"/> Change <input type="checkbox"/> Addition 10242 NW 47th STREET, #1 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT COLODNY, SANDRA <input type="checkbox"/> Delete 6909 LAKE PLACE COURT TAMPA, FL 33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, CHARLES A <input type="checkbox"/> Delete 601 BAYSHORE BLVD. #700 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLODNY, JOHN <input type="checkbox"/> Delete 10242 N.W. 47TH STREET #1 SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLODNY, ROBIN <input type="checkbox"/> Delete 1073 S.W. 112 TERRACE PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKER, RAY <input type="checkbox"/> Delete 3405 1 STREET #2 SACRAMENTO, CA 95816		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Leonard I. Colodny			03-30-04 813-888-5966 <small>Date Daytime Phone #</small>		