


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005836</b>	
1. Entity Name <b>THE SPORTS MEDICINE FELLOWSHIP EDUCATION FOUNDATION, INC.</b>	

Principal Place of Business <b>1405 S. ORANGE AVENUE SUITE 601 ORLANDO, FL 32806-2153</b>	Mailing Address <b>P.O. BOX 560862 ORLANDO, FL 32856-0862</b>
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>04-3718960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PANZL, JOSEPH R ESQ.  
163 EAST MORSE BOULEVARD  
SUITE 200  
WINTER PARK, FL 32789**

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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WINTERS, THOMAS F JR 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILTON, MARILYN 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYNOR, ELIZABETH 1405 S ORQANGE AVE STE 601 ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000121552  
04/20/04-80057-018 61.25

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:** Tom Winters **4/15/04** **407-649-1095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #