

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005915**

1. Entity Name  
1904 FOUNDATION, INC.



Principal Place of Business  
400 N. NEW YORK AVE., STE. 200  
WINTER PARK, FL 32789

Mailing Address  
400 N. NEW YORK AVE., STE. 200  
WINTER PARK, FL 32789



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1669947

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

WARD, HAROLD A III  
250 PARK AVE. SOUTH, 5TH FLOOR  
WINTER PARK, FL 32789

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PD  
WARD, HAROLD A III  
250 PARK AVE. SOUTH, 5TH FLOOR  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
WOODMAN, VICTOR E  
250 PARK AVE. SOUTH, 5TH FLOOR  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TD  
STRAUSS, RICHARD M  
400 N. NEW YORK AVE., STE. 200  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
GERKEN, ANN H  
400 N. NEW YORK AVE., STE. 200  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
CAROLAN, J.P. III  
390 NORTH ORANGE AVE., #1500  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000001265  
01/09/04-80034-014 61.25

**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 817, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Strauss

1/8/04 407-644-0555

Date

Daytime Phone #