

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

**FILED  
Apr 14, 2004  
Secretary of State**

DOCUMENT# N02000007162

Entity Name: SYLVIA'S FOUNDATION, INC.

**Current Principal Place of Business:**

166-A MARINE ST.  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

693 SAND ISLES CIRCLE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

PO BOX 2087  
ST AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 32-0035460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, VIC  
166-A MARINE ST.  
ST. AUGUSTINE, FL 32084

**Name and Address of New Registered Agent:**

JOHNSON, VIC  
693 SAND ISLES CIRCLE  
PONTE VEDRA BEACH, FL 32082

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: \_\_\_\_\_ Date: 04/14/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: JOHNSON, VIC  
Address: 166-A MARINE ST.  
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: S/D ( ) Delete  
Name: JOHNSON, JOEL J  
Address: 4515 CAROLYN COVE LANE S.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: SCOTT, MARTHA F  
Address: 516 SE 40TH AVE  
City-St-Zip: OCALA, FL 34471 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: JOHNSON, VIC  
Address: 693 SAND ISLES CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S/D (X) Change ( ) Addition  
Name: JOHNSON, JOEL J  
Address: 693 SAND ISLES CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: VIC JOHNSON      P/D      Date: 04/14/2004  
Electronic Signature of Signing Officer or Director