

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008124

FILED
Jul 06, 2004
Secretary of State**Entity Name:** I SAW YOU SAFETY & SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**4400 BAYOU BLVD
12
PENSACOLA, FL 32503**New Principal Place of Business:****Current Mailing Address:**4400 BAYOU BLVD
12
PENSACOLA, FL 32503**New Mailing Address:****FEI Number:** 03-0488244**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ODOM, HOLLY H
3775 HIDDEN OAK DRIVE
PENSACOLA, FL 32504 US**Name and Address of New Registered Agent:**ODOM, HOLLY H
700 BAY BOULEVARD
PENSACOLA, FL 32503 US

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: HOLLY H. ODOM

07/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ODOM, HOLLY H
Address: 3775 HIDDEN OAK DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: LANGHAM, MICHAEL S
Address: 2260 PINE NEEDLES CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: PRUITT, AL
Address: 100 BAY BOULEVARD
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: CONNELLY, ANN
Address: 1403 E. LAKEVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: TREZZA, SCOTT M.D.
Address: 2490 BELL CHRISTIANE CIRCLE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ODOM, HOLLY H
Address: 700 BAY BOULEVARD
City-St-Zip: PENSACOLA, FL 32503

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

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

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

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: HOLLY H. ODOM

D

07/06/2004

Electronic Signature of Signing Officer or Director

Date