

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009704

FILED
Apr 29, 2004
Secretary of State**Entity Name:** ANDREA BURNS FOUNDATION, INC.**Current Principal Place of Business:**3624 NE 21ST STREET
OCALA, FL 344703155**New Principal Place of Business:****Current Mailing Address:**PO . BOX 4196
BELLEVIEW, FL 344214196**New Mailing Address:****FEI Number:** 56-2307974**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMONS, JOHN S
121 NW THIRD ST.
OCALA, FL 34475 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPICOCHI, CHRISTINE
Address: 2065 SW 37TH ST. RD.
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: JOHNSON, DENISE
Address: 2065 SW 37TH ST. RD.
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: DYOUS, JOHNNIE
Address: 2065 SW 37TH ST. RD.
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: BURNS, ELIZABETH
Address: 2065 SW 37TH ST. RD.
City-St-Zip: Ocala, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: SPICOCHI, CHRISTINE
Address: 4520 SE 15TH ST
City-St-Zip: Ocala, FL 34471

Title: D (X) Change () Addition
Name: DYOUS, JOHNNIE
Address: 1940 NW 7TH ST
City-St-Zip: Ocala, FL 34475

Title: DP (X) Change () Addition
Name: BURNS, ELIZABETH
Address: 3624 NE 21ST ST
City-St-Zip: Ocala, FL 34470

Title: D (X) Change () Addition
Name: SULLIVAN, LYNN
Address: 4200 SE 26TH TERR RD
City-St-Zip: Ocala, FL 34480

Title: D () Change (X) Addition
Name: HAYNES, JUDY
Address: 12945 SW 62ND ST RD
City-St-Zip: Ocala, FL 34481

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: ELIZABETH BURNS

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date