

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90029 025 \*\*\*\*61.25

**DOCUMENT # N02000009830**

1. Entity Name:

SAVE THE ORPHANS, INC.



Principal Place of Business

3128 KENNEDY BLVD  
TAMPA FL 33609

Mailing Address

3128 KENNEDY BLVD  
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3732896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOK, RONALD D  
201 N FRANKLIN ST STE 3010  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Manuel J. Fernandez

Street Address (P.O. Box Number is Not Acceptable)

3128 West Kennedy Boulevard

City

Tampa

FL

Zip Code

33609

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME FERNANDEZ, MANUEL J  
STREET ADDRESS 3128 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE VPT  
NAME ROY, ROB K  
STREET ADDRESS 3128 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D  
NAME FERNANDEZ, MANUEL J  
STREET ADDRESS 3128 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D  
NAME ROY, ROB K  
STREET ADDRESS 3128 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D  
NAME BOIRE, PAUL M  
STREET ADDRESS 3128 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04

813-875-5445