

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009898

FILED
Mar 25, 2004
Secretary of State

Entity Name: THE PHARIS DUFFEY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4400 INDEPENDENCE COURT
SARASOTA, FL 34234

New Principal Place of Business:

1786 SOUTH CREEK DR
OSPREY, FL 34229

Current Mailing Address:

4400 INDEPENDENCE COURT
SARASOTA, FL 34234

New Mailing Address:

1786 SOUTH CREEK DR
OSPREY, FL 34229

FEI Number: 92-0180773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236

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: MD () Delete
Name: ROSEMARY DUFFY, ELIZABETH
Address: 416 BURNS COURT
City-St-Zip: SARASOTA, FL 34236

Title: MD () Delete
Name: CHARLES DUFFY, SPENCER
Address: 416 BURNS COURT
City-St-Zip: SARASOTA, FL 34236

Title: MD () Delete
Name: DUFFEY, SAMUEL S
Address: 416 BURNS COURT
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: ROSEMARY DUFFY, ELIZABETH
Address: 1786 SOUTH CREEK DR
City-St-Zip: OSPREY, FL 34229

Title: MD (X) Change () Addition
Name: CHARLES DUFFY, SPENCER
Address: 1786 SOUTH CREEK DR
City-St-Zip: OSPREY, FL 34229

Title: MD (X) Change () Addition
Name: DUFFEY, SAMUEL S
Address: 1786 SOUTH CREEK DR
City-St-Zip: OSPREY, FL 34229

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: SAMUEL DUFFEY

MD

03/25/2004

Electronic Signature of Signing Officer or Director

Date