

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90267 039 ****70.00

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1. Entity Name

THE YES TCS FOUNDATION INCORPORATED



Principal Place of Business

1301 NORTH LEE JACKSON HWY.
HAINES CITY FL 33844

Mailing Address

PO BOX 1402
HAINES CITY FL 33845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROBINSON, ERIC
1301 NORTH LEE JACKSON HWY.
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

84-1616932

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



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 ☐ Delete
NAME ROBINSON, ERIC
STREET ADDRESS 1301 NORTH LEE JACKSON HWY.
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Delete
NAME CROCKETT, DEBRA
STREET ADDRESS 1001 SOUTH 15TH ST.
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Delete
NAME MARSHALL, JARVIS
STREET ADDRESS 1613 HIGHPOINT CT.
CITY-ST-ZIP WINTER HAVEN FL 33980

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Robinson, Eric
STREET ADDRESS 1301 North Lee Jackson Hwy
CITY-ST-ZIP Haines City, FL 33844

TITLE ☐ Change ☒ Addition
NAME v/D/S Mary Alice Martin
STREET ADDRESS 1311 Temple Circle
CITY-ST-ZIP Haines City, FL 33844

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

TITLE ☐ Change ☐ Addition
NAME
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: *Eric Robinson* Eric Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 863-422-7220

Date

Daytime Phone #