


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90388 038 \*\*\*\*\*70.00

<b>DOCUMENT # N03000001446</b> 1. Entity Name <b>STEVIE LEE FUGATE FOUNDATION, INC.</b>					
Principal Place of Business <b>1680 OLD DIXIE HIGHWAY VERO BEACH, FL 32960</b>			Mailing Address <b>1680 OLD DIXIE HIGHWAY VERO BEACH, FL 32960</b>		
2. Principal Place of Business <b>8303 chinaberry Rd.</b>		3. Mailing Address <b>8303 chinaberry Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>		4. FEI Number <b>75-3101844</b>	
Zip <b>32963</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FUGATE, STEVE 1680 OLD DIXIE HIGHWAY VERO BEACH, FL 32960</b>			7. Name and Address of New Registered Agent Name <b>Steve Fugate</b> Street Address (P.O. Box Number is Not Acceptable) <b>8303 chinaberry Rd.</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32963</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FUGATE, STEVE 1680 OLD DIXIE HIGHWAY VERO BEACH, FL 32960</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lawrence Pesin 8303 chinaberry Rd Vero Beach, FL 32963</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MULLINAX, KARL 1645 27TH AVENUE VERO BEACH, FL 32960</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUZZE, RICHARD 490 33RD AVENUE VERO BEACH, FL 32968</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Lawrence Pesin</u> <b>LAWRENCE PESIN</b> <u>4/29/04</u> <u>772-492-0616</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					