

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002264 1. Entity Name 4 LADS LUKEMIA AND AIDS FOUNDATION, INC.	
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Principal Place of Business 1212 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901	Mailing Address 1212 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901
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01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1461456	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATTERSON, DAVID R 519A N. HARBOR CITY BLVD. MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNNING, JAMES E 321 MELBOURNE AVE. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DUNNING-MUNSON, DARLENE 321 MELBOURNE AVE. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARBERRY, TIMOTHY D 321 MELBOURNE AVE. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80058-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/25/05 321 727-3636
Date Daytime Phone #