2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2004 8:00 am
Secretary of State
04-08-2004 90040 034 ****70.00

DOCUMENT # N03000002576

1. Entity Name
CENTRAL FLORIDA VETERANS MEMORIAL PARK FOUNDATION, INC.

Principal Place of Business	Mailing Address
2500 LEAHY AVENUE ROOM 125 ORLANDO, FL 32893-1670	2500 LEAHY AVENUE ROOM 125 ORLANDO, FL 32893-1670

03302004 Chg-NP CR2E037 (10/03)

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 02-0690502 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STERCHELE, SIDNEY C 2500 LEAHY AVENUE ROOM 125 ORLANDO, FL 32893-1670	Name: William C. Coleman Street Address (P.O. Box Number is Not Acceptable): 2500 Leahy Ave, Room 125 DFAS-Building City: ORLando FL Zip Code: 32893-1671

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: William C. Coleman, William C. Coleman 3-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERCHELE, SIDNEY C 2500 LEAHY AVENUE ROOM 125 ORLANDO, FL 328931670	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P William C. Coleman 2500 Leahy Avenue, Room 125 Orlando, Florida 32893-1671	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, WILLIAM C 2500 LEAHY AVENUE ROOM 125 ORLANDO, FL 328931670	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Robert M. LePage 5132 Sailwind Circle Orlando, Florida 31810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENTON, EARL 2500 LEAHY AVENUE ROOM 125 ORLANDO, FL 328931670	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREECE, SHARON 2500 LEAHY AVENUE ROOM 125 ORLANDO, FL 328931670	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: William C. Coleman, William C. Coleman 3-30-04 407-646-4825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #