

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002628

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** OPERATION SHOEBOX OF FLORIDA, INC.**Current Principal Place of Business:**P. O. BOX 311535  
TAMPA, FL 336801535**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 311535  
TAMPA, FL 336801535**New Mailing Address:****FEI Number:** 05-0561369**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHIASSON, PEGGY  
1007 E. ELLICOTT ST.  
TAMPA, FL 33603 US**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES ( ) Change (X) Addition  
Name: CHIASSON, PEGGY  
Address: 1007 EAST ELLICOTT STREET  
City-St-Zip: TAMPA, FL 33603Title: OFC ( ) Change (X) Addition  
Name: MORROW, BEVERLY  
Address: 1106 EAST ELLICOTT STREET  
City-St-Zip: TAMPA, FL 33603Title: OFC ( ) Change (X) Addition  
Name: LASATER, STAN  
Address: 913 EAST NEW ORLEANS AVENUE  
City-St-Zip: TAMPA, FL 33603Title: OFC ( ) Change (X) Addition  
Name: BANGHART, DAVID SCOTT  
Address: 918 EAST NEW ORLEANS AVENUE  
City-St-Zip: TAMPA, FL 33603Title: OFC ( ) Change (X) Addition  
Name: GRAY, VANESSA  
Address: 28910 MIDNIGHT STAR LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: PEGGY CHIASSON

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date