2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004
Secretary of State

DOCUMENT# N03000002878

Entity Name: MIKEY'S FURNITURE SAFETY FOUNDATION INC.

Current Principal Place of Business:

ERICA C. POOLER
509 PEMBERTON AVE. DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

ERICA C. POOLER
509 PEMBERTON AVE. DELTONA, FL 32738 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLER, ERICA C
509 PEMBERTON AVENUE
DELTONA, FL 32738 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:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. ( ) Change (X) Addition
Name: POOLER, ERICA C
Address: 509 PEMBERTON AVE
City-St-Zip: DELTONA, FL 32738 US

Title: MR. ( ) Change (X) Addition
Name: POOLER, MICHAEL J II
Address: 509 PEMBERTON AVE
City-St-Zip: DELTONA, FL 32738 US

Title: MS. ( ) Change (X) Addition
Name: KISHA, CODE C
Address: 935 FLROENCE AVE
City-St-Zip: ORLANDO, FL 32811 US

Title: MS. ( ) Change (X) Addition
Name: KIMBERLY, THOMPSON M
Address: 3025 WILLIE MAES PARKWAY
City-St-Zip: ORLANDO, FL 32811 US

Title: MS. ( ) Change (X) Addition
Name: PAMELA, THOMSON Y
Address: 3025 WILLIE MAES PARKWAY
City-St-Zip: ORLANDO, FL 32811 US

Title: MRS. ( ) Change (X) Addition
Name: LATONYA, WATKINS M
Address: 1242 HARTWELL AVE
City-St-Zip: SANFORD, FL 32746 US

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: ERICA C. POOLER MRS. 08/03/2004

Electronic Signature of Signing Officer or Director — Date