

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003051

FILED
May 04, 2004
Secretary of State**Entity Name:** PI FOUNDATION, INC.**Current Principal Place of Business:**13770 58TH ST. N.
SUITE 304
CLEARWATER, FL 33760**New Principal Place of Business:****Current Mailing Address:**13770 58TH ST. N.
SUITE 304
CLEARWATER, FL 33760**New Mailing Address:****FEI Number:** 56-2341097**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SKALSKI, JOSEPH C
13770 58TH ST. N.
SUITE 304
CLEARWATER, FL 33760 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:** DPST () Delete
Name: BEECHING, MARCELLA A
Address: 13770 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760**Title:** DV () Delete
Name: SKALSKI, JOSEPH C
Address: 13770 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760**Title:** D () Delete
Name: KENNEY, THERESA M
Address: 10110 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: SKALSKI, KIMBERLY A
Address: 13770 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

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: MARCELLA A. BEECHING

DPST

05/04/2004

Electronic Signature of Signing Officer or Director

Date