

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003907

1. Entity Name
TSF FOUNDATION INC.



FILED

04 JUL 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/23/04 90033022 6125



Principal Place of Business
145-108TH AVE
#3
TREASURE ISLAND, FL 33706

Mailing Address
145-108TH AVE
#3
TREASURE ISLAND, FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0690441

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

CSANADY, ANDREW J
145-108TH AVE
#3
TREASURE ISLAND, FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 P ☐ Delete
NAME FRANK, JERRY
STREET ADDRESS 9425 BLIND PASS RD #305
CITY-ST-ZIP ST PETE BEACH, FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME CSANADY, ANDREW J
STREET ADDRESS 145-108TH AVE #3
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CSANADY, ANDREW CSANADY

2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone