

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/17/2004-90001-040-\$61.25-\$61.25

FILED

04 OCT -5 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000004786

1. Entity Name
FLORIDA EDEN FOUNDATION, INC.



Principal Place of Business
1227 VAN ARSDALE ST
OVIDO, FL 32765

Mailing Address
1227 VAN ARSDALE ST
OVIDO, FL 32765

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

☒ 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

RICHARDSON, RAY
1227 VAN ARSDALE ST
OVIDO, FL 32765

Name Ray Richardson
Street Address (P.O. Box Number is Not Acceptable)
1237 Van Arsdale Street
City Oviedo FL Zip Code 32765

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 Ray Richardson (Ray Richardson) September 14, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

Filing Fee is \$61.25
Due by September 8, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Ray Richardson	
STREET ADDRESS	1237 VAN ARSDALE ST.	
CITY-ST-ZIP	OVIDO, FLORIDA 32765	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ERIN RICHARDSON	
STREET ADDRESS	1237 VAN ARSDALE ST.	
CITY-ST-ZIP	OVIDO, FLORIDA 32765	
TITLE	SECRETARY-TREAS.	<input type="checkbox"/> Delete
NAME	JANE RICHARDSON	
STREET ADDRESS	1237 VAN ARSDALE ST.	
CITY-ST-ZIP	OVIDO, FLORIDA 32765	
TITLE	PROBATIONER V.P.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ray Richardson (Ray Richardson) SEPTEMBER 14, 2004 365-1260
Signature and typed or printed name of signing officer or director Date Daytime Phone #

(PRESIDENT)