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

## Aug 23, 2004 8:00 am Secretary of State DOCUMENT # N03000004898 08-23-2004 90027 023 \*\*\*\*61.25 CATHERINE L. AND WARD S. STRUBLE FOUNDATION, Principal Place of Business Mailing Address 356 CROMWELL COURT 356 CROMWELL COURT NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Cha-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent STRUBLE, CATHERINE L 356 CROMWELL COURT Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34108 Zip Code City 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE □ Defete TITLE ☐ Change Addition LOWDER, CHARLOTTE G NAME NAME STREET ADDRESS 2080 BELL RD. STREET ADDRESS MONTGOMERY, AL 36117 CITY-ST-ZIP CITY-ST-7P TITLE D Defete TITLE Change ☐ Addition Bryan Cotney COTNEY, BRYAN T NAME 2080 BELL RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTGOMERY, AL 36117 CITY-ST-ZIP D ☐ Chance TITLE ☐ Delete ☐ Addition STRUBLE, CATHERINE L NAME NAME 356.CROMWELL.COURT ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP TITLE ☐ Change TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-77P Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Detete Change TITLE

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

HOUSE LANGUAGE, AS DOWN

**FILED**