

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 23, 2004 8:00 am
Secretary of State

03-02-2004 90007 010 ****61.25

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MOORE CR2E037 (11/03)

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N03000005223 1. Entity Name CENTRAL OAKS FOUNDATION, INC. | | | | | |
| Principal Place of Business 150 THIRD STREET SW WINTER HAVEN FL 33880-2907 | | | Mailing Address 150 THIRD STREET SW WINTER HAVEN FL 33880-2907 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number APPLIED FOR | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RAFOOL, RAYMOND J II 1510 THIRD STREET S.E. WINTER HAVEN FL 33880 | | | | 7. Name and Address of New Registered Agent Name: DARREL J. JENSEN Street Address (P.O. Box Number is Not Acceptable): 150 - 3RD STREET, S.W. City: WINTER HAVEN FL Zip Code: 33880 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D JENSEN, DARREL J <input type="checkbox"/> Delete 150 THIRD STREET SW WINTER HAVEN FL 33880-2907 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENSEN, MICHELE <input type="checkbox"/> Delete 150 THIRD STREET SW WINTER HAVEN FL 33880-2907 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARWELL, DENISE <input type="checkbox"/> Delete 150 THIRD STREET SW WINTER HAVEN FL 33880-2907 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Darrel Jensen</i> | | | Date: 2-25-04 Daytime Phone #: 863-294-2912 | | |