


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90345 030 ****70.00

| | | | | | |
|---|-----------------------------------|--|--|---|--|
| DOCUMENT # N03000005390 1. Entity Name LILISH FAIR FOUNDATION, INC. | | | |  | |
| Principal Place of Business 1405 JULIP DR ORLANDO, FL 32825 | | | Mailing Address 1405 JULIP DR ORLANDO, FL 32825 | | |
| 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 56-238-3011 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MARINARA, MARTHA 1405 JULIP DR ORLANDO, FL 32825 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ | | | | | |
| Filing 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARINARA, MARTHA | NAME | | | |
| STREET ADDRESS | 1405 JULIP DR | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BRACASKI, LIL | NAME | | | |
| STREET ADDRESS | 2801 PLAZA TERR DR | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NOAH, PATRICIA A | NAME | | | |
| STREET ADDRESS | 6821 MAGNOLIA POINTE CIR | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32810 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LOGAN, LISA | NAME | | | |
| STREET ADDRESS | 721 ESSEX PL | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WALLACE, DAVID | NAME | | | |
| STREET ADDRESS | 10 N SUMMERLIN AVE #10 | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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: <i>Marta Marina</i> | | 4-28-04 407-207-0899 Date Daytime Phone # | | | |