2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004
Secretary of State

DOCUMENT# N03000005611

Entity Name: THE BODEWELL FOUNDATION CORPORATION

Current Principal Place of Business:

625 SCARBOROUGH PASS ROAD
ORLANDO, FL 32835

New Principal Place of Business:

DR. PHILLIPS BLVD.
SUITE 281
ORLANDO, FL 32819 US

Current Mailing Address:

625 SCARBOROUGH PASS ROAD
ORLANDO, FL 32835

New Mailing Address:

DR. PHILLIPS BLVD.
SUITE 281
ORLANDO, FL 32819 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RONCARI, MARIA A
625 SCARBOROUGH PASS ROAD
ORLANDO, FL 32835

Name and Address of New Registered Agent:

RONCARI, MARIA A
DR. PHILLIPS BLVD.
SUITE 281
ORLANDO, FL 32819 US

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.

SIGNATURE: MARIA A RONCARI 08/06/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RONCARI, MARIA A
Address: 625 SCARBOROUGH PASS ROAD
City-St-Zip: ORLANDO, FL 32835

Title: V ( ) Delete
Name: CONNELL, TODD C
Address: 625 SCARBOROUGH PASS ROAD
City-St-Zip: ORLANDO, FL 32835

Title: V ( ) Delete
Name: RONCARI, HEATHER R
Address: 625 SCARBOROUGH PASS ROAD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RONCARI, MARIA A
Address: DR. PHILLIPS BLVD. - SUITE 281
City-St-Zip: ORLANDO, FL 32819 US

Title: V (X) Change ( ) Addition
Name: CONNELL, TODD C
Address: DR. PHILLIPS BLVD. - SUITE 281
City-St-Zip: ORLANDO, FL 32819 US

Title: V (X) Change ( ) Addition
Name: RONCARI, HEATHER R
Address: DR. PHILLIPS BLVD. - SUITE 281
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA A RONCARI PRES 08/06/2004
Electronic Signature of Signing Officer or Director Date