

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-24-2004 90038 050 ****70.00

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1. Entity Name

CITIZENS FOR AN EVEN BETTER AMERICA FOR ALL, INC.



Principal Place of Business

2577 GRASSY POINT DR.
107
LAKE MARY FL 32746
US

Mailing Address

2577 GRASSY POINT DR.
107
LAKE MARY FL 32746
US

66409461



MOORE CR2E037 (11/03)

2. Principal Place of Business

2577 GRASSY POINT DR.

Suite, Apt. #, etc.

#107

3. Mailing Address

PO BOX 952705

Suite, Apt. #, etc.

4. FEI Number

32 0086145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GABIL, SERGIO SR.
2577 GRASSY POINT DR.
107
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SERGIO GABIL

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P
NAME GABIL, SERGIO SR. ☐ Delete
STREET ADDRESS 2577 GRASSY POINT DR.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE V
NAME DALY, JIM SR. ☐ Delete
STREET ADDRESS 625 OXFORD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE T
NAME INGRAM, TERESA SR. ☐ Delete
STREET ADDRESS 732 SECRET HARBOR LANE APT. 106
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #