

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

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

04-30-2004 90358 025 \*\*\*\*70.00

**DOCUMENT # N03000006062**

1. Entity Name  
 PAUL R. AND ELURA M. VOGEL FOUNDATION, INC.



Principal Place of Business  
 3469 REDWING DRIVE  
 SPRING HILL, FL 34606

Mailing Address  
 3469 REDWING DRIVE  
 SPRING HILL, FL 34606



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 68-0558024 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
 SPIEGEL & UTRERA, P.A.  
 1840 SOUTHWEST 22 STREET, 4TH FLOOR  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent  
 Name Terry R. Vogel  
 Street Address (P.O. Box Number is Not Acceptable)  
 3469 Redwing Dr  
 City Spring Hill FL Zip Code 34606

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 *Terry R. Vogel* Terry R. Vogel President 4-27-04  
Signature, typed or printed name of registered agent and title if applicable. (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.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	VOGEL, TERRY	
STREET ADDRESS	3469 REDWING DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PHYLLIS	
STREET ADDRESS	3469 REDWING DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUGH, DAVE	
STREET ADDRESS	3469 REDWING DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Terry R. Vogel* Terry R. Vogel President 4-27-04 584-5052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #