

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90016 009 ****61.25

DOCUMENT # N03000006365
 1. Entity Name
THE HENRY MCBRIDE FOUNDATION, INC.



Principal Place of Business
1430 GULDF BLVD UNIT 610
CLEARWATER, FL 33767-2839

Mailing Address
1430 GULDF BLVD UNIT 610
CLEARWATER, FL 33767-2839

2. Principal Place of Business
1430 GULF BLVD

3. Mailing Address
1430 GULF BLVD

Suite, Apt. #, etc.
610

Suite, Apt. #, etc.
610

City & State
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33767-2839

Country

Zip
33767-2839

Country



05132004 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0169723

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GLEIM, HOLGER D
150 2 AVE N STE 1100
ST PETERSBURG, FL 33701

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILTZLAFF, MAXIMILIAN H 1430 GULF BLVD UNIT 610 CLEARWATER, FL 337672839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCKER, CHRISTIEN A 58 NEWTON AVE NORWALK, CT 06851	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE-BELL, CHRISTINE 58 NEWTON AVE NORWALK, CT 06851	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIZZIRRI, MICHAEL P 280 DAVIS AVE GREENWICH, CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 another I am empowered.

SIGNATURE:  **CHRISTIEN A. DUCKER** Date **5/10/04** Daytime Phone # **203-246-9865**