

ANNUAL REPORT

DOCUMENT # N03000006392

1. Entity Name
DONALD SLAYTON CHILDREN'S FOUNDATION INC.



FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 026 ****70.00

Principal Place of Business
1005 NE 63RD CT.
FT. LAUDERDALE, FL 33334

Mailing Address
1005 NE 63RD CT.
FT. LAUDERDALE, FL 33334



2. Principal Place of Business
1800 S.W. 7TH. AVE.
Suite, Apt. #, etc.

3. Mailing Address
1800 S.W. 7TH. AVE.
Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State
POMPANO BEACH
Zip
33060
Country
BROWARD

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POMPANO BEACH
Zip
33060
Country
BROWARD

4. FEI Number
16-1683263
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARTLEY, PHILLIP M
1005 NE 63RD CT.
FT. LAUDERDALE, FL 33334

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PVTD HARTLEY, PHILLIP M 1005 NE 63RD CT. FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELEZ, GUS 1005 NE 63RD CT. FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, DENNIS 1013 NE 63RD CT. FT. LAUDERDALE, FL 33334	<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
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
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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 all other like empowered.

SIGNATURE:

Phillip M Hartley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

Date

954-600-3875

Daytime Phone #