2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# N03000007744

Entity Name: JOEY BERGSMA RETINOBLASTOMA AWARENESS FOUNDATION, INC.

Current Principal Place of Business:

619 SO. K STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

619 SO. K STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 35-2213696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMANO, RODNEY G
824 NO. LAKESIDE DR
LAKE WORTH, FL 334602708

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BERGSMA, PAM
Address: 619 SO. K STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: DORSEY, DORIS
Address: 619 SO. K STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: ADAMS, KRIS
Address: 619 SO. K STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: ROMANO, RODNEY G
Address: 824 NO. LAKESIDE DR
City-St-Zip: LAKE WORTH, FL 334602708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAM BERGSMA D 02/18/2004

Electronic Signature of Signing Officer or Director — Date