## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008664

Address:

City-St-Zip:

Entity Name: RODEL CHARITABLE FOUNDATION - FLORIDA, INC.

FILED Mar 02, 2004 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 302 SOUTHARD STREET, SUITE 211 501 WHITEHEAD STREET KEY WEST, FL 33040 KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 302 SOUTHARD STREET, SUITE 211 501 WHITEHEAD STREET KEY WEST, FL 33040 KEY WEST, FL 33040 FEI Number: 20-0282219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: AMERICAN INFORMATION SERVICES, INC HENDERSON, ANN ONE SOUTHEAST THIRD AVENUE, SÚITE 2800 501 WHITEHEAD STREET MIAMI, FL 33131 US KEY WEST, FL 33040 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: ANN HENDERSON 03/02/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete ( ) Change (X) Addition FREEMAN, SHIRLEY Name: Name: Address: Address: 724 EATON STREET City-St-Zip: City-St-Zip: KEY WEST, FL 33040 US Title: Title: ( ) Change (X) Addition ( ) Delete ANDERSEN, WILLIAM Name: Name: Address: Address: 1010 KENNEDY DRIVE City-St-Zip: City-St-Zip: KEY WEST, FL 33040 US Title: () Delete Title: **PRES** ( ) Change (X) Addition HENDERSON, ANN Name: Name: Address: Address: 501 WHITEHEAD STREET City-St-Zip: City-St-Zip: KEY WEST, FL 33040 US Title: () Delete Title: ( ) Change (X) Addition BUDINGER, WILLIAM Name: Name: 504 NOAH LANE Address: Address: City-St-Zip: City-St-Zip: KEY WEST, FL 33040 US Title: () Delete Title: ( ) Change (X) Addition BLOCK, EDWARD M Name: Name:

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.

Address:

City-St-Zip:

1300 TROPICAL STREET

KEY WEST, FL 33040 US

SIGNATURE: ANN HENDERSON PRES 03/02/2004