


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N03000008910 1. Entity Name FORUM 2004: TRUTH FOR A CHANGE, INC.	
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FILED
Jun 18, 2008 08:00 AM
 Secretary of State

Principal Place of Business 7350 SOUTH TAMiami TRAIL # 39 SARASOTA, FL 34231	Mailing Address 7350 SOUTH TAMiami TRAIL # 39 SARASOTA, FL 34231
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06102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-0309839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARWELL, MARILYN
 1507 CLOWER CREEK DRIVE
 H-263
 SARASOTA, FL 34231

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	CHAI
NAME	BANDY-HEDDEN, IRENE
STREET ADDRESS	7322 FAIRLINKS COURT
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	TREA
NAME	HARWELL, MARILYN
STREET ADDRESS	1507 CLOWER CREEK DRIVE H-263
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	SEC
NAME	NUNN, JEANNE
STREET ADDRESS	5451 LACY LANE
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

U00000953217
06/18/08-80002-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marilyn Harwell 6/16/08 941-966-6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARILYN HARWELL