

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010072

Entity Name: MAJOR FOUNDATION INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

6002 PRATT STREET  
TAMAP, FL 33647 US

## New Principal Place of Business:

## Current Mailing Address:

6002 PRATT STREET  
TAMAP, FL 33647 US

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLEN, ADAM P  
6002 PRATT STREET  
TAMPA, FL 33647 US

## 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: P ( ) Delete  
Name: MULLEN, ADAM P  
Address: 6002 PRATT STREET  
City-St-Zip: TAMPA, FL 33647 US

Title: BM ( ) Delete  
Name: SADELFELD, JOSEPH R  
Address: 2423 10TH STREET NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: BM (X) Delete  
Name: HARLOW, DONALD M  
Address: 212 PALMETTO DUNES CIRCLE  
City-St-Zip: NAPLES, FL 34113 US

Title: BM ( ) Delete  
Name: ROTH, NATHAN T  
Address: 1316 RORDON AVE  
City-St-Zip: NAPLES, FL 34113 US

Title: BM ( ) Delete  
Name: WILLIAMS, TROY J  
Address: 29515 TANSY PASS  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

## 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:

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: ADAM MULLEN

ED

04/28/2004

Electronic Signature of Signing Officer or Director

Date