

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010490

Entity Name: PAPILO FOUNDATION, INC.

FILED
Mar 23, 2004
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 3741
SARASOTA, FL 34230

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3741
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 33-1075988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, LINDA J CPA
4428 SANIBEL WAY
BRADENTON, FL 34203 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: LABRIOLA, MARIE
Address: 1630 HYDE PARK STREET
City-St-Zip: SARASOTA, FL 34239

Title: V () Delete
Name: SHIFFMAN, ADAM
Address: 1500 BAY VIEW DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: STEWART, DAN
Address: 1603 MACKERAL AVENUE
City-St-Zip: SARASOTA, FL 34237

Title: T () Delete
Name: MASON, LINDA CPA
Address: 4428 SANIBEL WAY
City-St-Zip: BRADENTON, FL 34203

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: LINDA J MASON

DT

03/23/2004

Electronic Signature of Signing Officer or Director

Date