2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010591

Entity Name: NEIL V. MOODY CHARITABLE FOUNDATION, INC.

FILED Feb 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1668 MAIN STREET 1618 MAIN STREET SARASOTA, FL 34236 SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

1668 MAIN STREET 1618 MAIN STREET SARASOTA, FL 34236 SARASOTA, FL 34236

FEI Number: 20-0458201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOODY, NEIL V
1668 MAIN STREET
SARASOTA, FL 34236

MOODY, NEIL V
1618 MAIN STREET
SARASOTA, FL 34236

SARASOTA, FL 34236

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: NEIL V. MOODY 02/25/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: MOODY, NEIL V Name: MOODY, NEIL V

 Address:
 1668 MAIN STREET
 Address:
 1618 MAIN STREET

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

Title: D () Delete Title: D (X) Change () Addition Name: MOODY, CHRISTOPHER D Name: MOODY, CHRISTOPHER D

Address: 1668 MAIN STREET Address: 1618 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MOODY, ERIK V
 Name:
 MOODY, ERIK V

 Address:
 1668 MAIN STREET
 Address:
 1618 MAIN STREET

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

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: NEIL V. MOODY D 02/25/2004