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RONALD A BROWN PA

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FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90571 033 ****61.25

4/26/2004

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N03000010887			
1. Entity Name MARY SAND ADVISORY BOARD, INC.			
Principal Place of Business 1805 HOBBS RD. AUBURNDAL, FL 33823		Mailing Address 1805 HOBBS RD. AUBURNDAL, FL 33823	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-0584782		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAME, JOHN 1805 HOBBS RD. AUBURNDAL, FL 33823		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when submitting) DATE _____			
Filing Fee to \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DAME, JOHN 1805 HOBBS RD. AUBURNDAL, FL 33823 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO FABON, DONNA 1805 HOBBS RD. AUBURNDAL, FL 33823 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAWYER, MYRNA 1805 HOBBS RD. AUBURNDAL, FL 33823 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, MYNA 1805 HOBBS RD. AUBURNDAL, FL 33823 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 incorporator or organizer 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 the empowered.			
SIGNATURE: <u>Myrna Davis</u>		Date: <u>4-22-04</u> 863-2942985	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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04122004 Chg-NP CRSE027 (10/03)