

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90045 049 \*\*\*\*70.00

**DOCUMENT # N13753**

1. Entity Name

**THE GORRIE FOUNDATION, A FLORIDA NOT FOR  
PROFIT CORPORATION**



Principal Place of Business

Mailing Address

C/O FOSTER, SUSAN  
705 DELEON ST., GORRIE ELEMENTARY SCH  
TAMPA FL 33606  
US

C/O FOSTER, SUSAN  
705 DELEON ST., GORRIE ELEMENTARY SCH  
TAMPA FL 33606  
US

24015452



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852349

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, SUSAN  
705 DELEON STREET  
GORRIE ELEMENTARY SCHOOL  
TAMPA FL 33606

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D ELIOPULOS, PAM	<input type="checkbox"/> Delete
STREET ADDRESS	1024 ROYAL PASS RD.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	D BANKER, JAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	610 RIVIERA DRIVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	P ROSENTHAL, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	205 CHIPPEWA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	T CHAMBERS, BETSY	<input type="checkbox"/> Delete
STREET ADDRESS	905 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	S OKUN, ALISON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	543 RIVEIRA DRIVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D JENSEN, BECKY	<input type="checkbox"/> Delete
STREET ADDRESS	464 SEVERN AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Alver, Lourdes 705 Deleon Street	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Betsy Chambers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04 (813) 254-1154  
Date Daytime Phone #