

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

DOCUMENT# N15254

**FILED**  
**Jan 05, 2004**  
**Secretary of State****Entity Name:** MAKE-A-WISH FOUNDATION OF SARASOTA/TAMPA BAY, INC.**Current Principal Place of Business:**5033 W. LAUREL ST  
STE #110  
TAMPA, FL 33607 US**New Principal Place of Business:****Current Mailing Address:**5033 W. LAUREL ST  
STE #110  
TAMPA, FL 33607 US**New Mailing Address:****FEI Number:** 59-2719588      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FELDMAN, RANDY M DDS, MS  
1773 W. FLETCHER AVE  
TAMPA, FL 33612 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:** PD      ( ) Delete  
**Name:** FELDMAN, RANDY M  
**Address:** 1773 W. FLETCHER AVE  
**City-St-Zip:** TAMPA, FL 33612**Title:** D      ( ) Delete  
**Name:** RODRIGUEZ, ROCKY  
**Address:** 2224 FALKENBURG RD  
**City-St-Zip:** TAMPA, FL 33619**Title:** TD      ( ) Delete  
**Name:** DEL RIO, EDDIE  
**Address:** 888 EXECUTIVE CENTER DR W. #101  
**City-St-Zip:** SAINT PETERSBURG, FL 33702**Title:** MD      ( ) Delete  
**Name:** VEE, YERRID  
**Address:** 5124 SAN JOSE  
**City-St-Zip:** TAMPA, FL 33629**Title:** VD      ( ) Delete  
**Name:** BASHAM, BETH  
**Address:** 934 GOLF VIEW ST  
**City-St-Zip:** TAMPA, FL 33629**Title:** SD      ( ) Delete  
**Name:** SUNDERLAND, CHARLOTTE  
**Address:** 5908 BRECKENRIDGE PARKWAY  
**City-St-Zip:** TAMPA, FL 33610**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD      (X) Change ( ) Addition  
**Name:** FELDMAN, RANDY M DR.  
**Address:** 1773 W. FLETCHER AVE  
**City-St-Zip:** TAMPA, FL 33612**Title:** D      (X) Change ( ) Addition  
**Name:** ALVAREZ, DEREK ESQ.  
**Address:** 2307 W. CLEVELAND STREET  
**City-St-Zip:** TAMPA, FL 33609**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: DR. RANDY M. FELDMAN, DDS, MS

PD

01/05/2004

Electronic Signature of Signing Officer or Director

Date