

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