

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90037 034 ****61.25

DOCUMENT # N17645 1. Entity Name FUN WORLD CLOWN ALLEY, INC.					
Principal Place of Business REFORMATION LUTHER CHURCH 830 MICHIGAN AVENUE ORLANDO, FL 32806				Mailing Address 8708 BLACK CREEK BLVD. ORLANDO, FL 32829	
2. Principal Place of Business REFORMATION LUTHERAN CHURCH Suite, Apt. #, etc. 800 MICHIGAN AVENUE City & State ORLANDO, FL Zip 32806		3. Mailing Address 122 FAULKNER STREET Suite, Apt. #, etc. City & State WINTER GARDEN, FL Zip 34787			
4. FEI Number 59-2764173		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLAINE, HENRY 8708 BLACK CREEK BLVD. ORLANDO, FL 32829			7. Name and Address of New Registered Agent Name AUDREY RICCI Street Address (P.O. Box Number is Not Acceptable) 122 FAULKNER STREET City, State, Zip WINTER GARDEN, FL 34787		
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 <u>AUDREY RICCI</u> <u>Audrey Ricci</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IVES, JACKELYN 11243 BONWIT COURT ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARY, ELLA 11558 KENLEY DRIVE ORLANDO, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARY, ELLA 11558 KENLEY CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALES, MARY KAY 2308 HAYWOOD COURT #100 MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAINE, HENRY 8708 BLACKCREEK BLVD ORLANDO, FL 32829	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICCI, AUDREY 122 FAULKNER STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD OUTER, WENDELL 1112 WEST SEAGATE DR DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICCI, AUDREY 122 FAULKNER STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>AUDREY RICCI</u> <u>Audrey Ricci</u> <u>2/12/04</u> <u>407-877-6283</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					