


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

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT #N18363 1. Entity Name THE STRANG FOUNDATION, INC.	
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Principal Place of Business 200 AVE. B N.W. P.O. BOX 194 WINTER HAVEN, FL 33880 US	Mailing Address P.O. BOX 194 P.O. BOX 194 WINTER HAVEN, FL 33882-0194 US
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03312004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2842475	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

**STRANG, CARL J., III
200 AVE. B., N.W.
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000111971
04/14/04-80005-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRANG, CARL J. III 200 AVENUE B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STRANG, CARL J. JR. 200 AVENUE B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROONEY, EVE STRANG 248 FRENCHMAN'S CREEK WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANG, JOHN WALTON 200 AVE. B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANG, MAX WILSON 200 AVE. B., N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04