


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N28068 1. Entity Name THE HENSLEY-SILVERTOOTH MEMORIAL FOUNDATION, INC.	
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Principal Place of Business P.O. BOX 48927 SARASOTA, FL 34230	Mailing Address P.O. BOX 48927 SARASOTA, FL 34230
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0069850	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, WALTER F 2002 RINGLING BOULEVARD 8TH FLOOR SARASOTA, FL 34237
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**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.

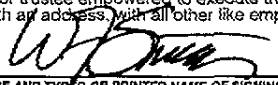
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000088602 03/15/04-80058-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, ROBERT B 2002 RINGLING BOULEVARD 10TH FL SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SMITH, WALTER F 2002 RINGLING BOULEVARD 8TH FL SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, ANDREW D 2002 RINGLING BOULEVARD 8TH FL SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	3/8/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>