

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2004
Secretary of State**

DOCUMENT# N30568

Entity Name: THE JESSE A. SPICOLA FOUNDATION, INC.

Current Principal Place of Business:

C/O DONNA FLOWERS
11708 CASEY RD
TAMPA, FL 33618 US

New Principal Place of Business:

C/O CYNTHIA SPICOLA
11708 CASEY RD
TAMPA, FL 33618 US

Current Mailing Address:

C/O CYNTHIA SPICOLA
11708 CASEY RD
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2973257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEAT, ANTOINETTE
2004 W. BUSCH BLVD
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

SPICOLA, CYNTHIA D.
11708 CASEY ROAD
TAMPA, FL 33618 US

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: CYNTHIA D. SPICOLA 04/15/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPICOLA, JOSEPH JR
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SPICOLA, CYNTHIA,
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: FUENTES, LAWRENCE E.,
Address: 1407 W. BUSCH BLVD.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SPICOLA, JOSEPH,
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SPICOLA, JONATHAN
Address: 11708 CASEY RD
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CYNTHIA D. SPICOLA D 04/15/2004
Electronic Signature of Signing Officer or Director Date