

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

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34953**

1. Entity Name  
**TEYA ALBERTANI FOUNDATION FOR INVOLVEMENT,  
INC.**



Principal Place of Business  
**5128 BRYWILL CIRCLE  
SARASOTA, FL 34234 US**

Mailing Address  
**5128 BRYWILL CIRCLE  
SARASOTA, FL 34234**



02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2981976**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**VARGA, DAVE  
1281 TALLEVAST RD,  
SARASOTA, FL 34243**

**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

*Dave Varga*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.17.04**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000122877  
04/21/04-80048-016 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEWALT, JUDITH M.  
5128 BRYWILL CIRCLE  
SARASOTA, FL 34234**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOCHINS, DORIS  
114 WILD HOLLY  
LONGWOOD, FL 32779**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WACHHOLDER, BARRY  
7501 NW 4TH STREET #112  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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:

*Judi Dewalt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4.17.04**