

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

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N35198

1. Entity Name
STAVROS FAMILY FOUNDATION, INC.



Principal Place of Business
**1 BEACH DR SE
STE 305
ST PETERSBURG, FL 33701-953 US**

Mailing Address
**1 BEACH DR SE
STE 305
ST PETERSBURG, FL 33701-953 US**



02212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3020374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent

**STAVROS, PAUL B.
1 BEACH DR SE, STE 305
ST. PETERSBURG, FL 33701**

**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 _____ (NOTE: Registered Agent signature required when reappointing) 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**

**U00000100089
03/31/04-80031-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STAVROS, GUS A.
1 BEACH DR SE, STE 305
ST. PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
STAVROS, FRANCES L.
1 BEACH DR SE, STE 305
ST. PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
STAVROS, PAUL B.
1 BEACH DR SE, STE 305
ST. PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STAVROS, ELLEN
1 BEACH DR SE, STE 305
ST. PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STAVROS, MARK
1 BEACH DR SE, STE 305
ST. PETERSBURG, 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: *Gus A. Stavros Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04 747.822-4848
Date Daytime Phone #