

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35501

FILED
Jan 12, 2004
Secretary of State**Entity Name:** CITY OF SANFORD FINANCE CORPORATION**Current Principal Place of Business:**300 N. PARK AVE.
SANFORD, FL 32771 US**New Principal Place of Business:****Current Mailing Address:**% WILLIAM L COLBERT
200 W FIRST ST SUITE 22
SANFORD, FL 32771**New Mailing Address:****FEI Number:** 59-3012347 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COLBERT, WILLIAM L.
% STENSTROM, MCINTOSH, JULIAN, ET AL
200 W FIRST ST SUITE 22
SANFORD, FL 327718268 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: WOODRUFF, ARTHUR D
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FLTitle: D () Delete
Name: ECKSTEIN, WHITEY,
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FLTitle: VPD () Delete
Name: LESSARD, BRADY
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FLTitle: DP () Delete
Name: JONES, RANDY
Address: 300 N PARK AVENUE
City-St-Zip: SANFORD, FL 32771Title: D () Delete
Name: WILLIAMS, VELMA H.
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: WOODRUFF, ARTHUR D
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FL 32771 USTitle: D (X) Change () Addition
Name: HIPES, KEVIN
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FL 32771 USTitle: VPD (X) Change () Addition
Name: LESSARD, BRADY
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FL 32771 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: WILLIAMS, VELMA H
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FL 32771 US

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: RANDY JONES

DP

01/12/2004

Electronic Signature of Signing Officer or Director

Date