

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36091

Entity Name: FLORES FOUNDATION, INC.

FILED  
Jan 08, 2004  
Secretary of State

## Current Principal Place of Business:

4015 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33624

## New Principal Place of Business:

4015 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33618 US

## Current Mailing Address:

4015 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33624

## New Mailing Address:

4015 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33618 US

FEI Number: 59-2981483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINES, JAMES P.  
315 HYDE PARK AVE  
TAMPA, FL 33606

## Name and Address of New Registered Agent:

FLORES, ARMANDO  
4015 CARROLLWOOD VILLAGE DRIVE  
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: ARMANDO FLORES

01/08/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FLORES, ARMANDO  
Address: 4015 CARROLLWOOD VILL DR  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: FLORES, JUDITH K  
Address: 4015 CARROLLWOOD VILL DR  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: FLORES III, ARMANDO  
Address: 4015 CARROLLWOOD VILLAGE DR  
City-St-Zip: TAMPA, FL 33624

Title: VD ( ) Delete  
Name: CORDOVA, ALISHA M  
Address: 3741 WHISPERING WIND AVENUE  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FLORES, ARMANDO  
Address: 4015 CARROLLWOOD VILL DR  
City-St-Zip: TAMPA, FL 33618 US

Title: SD (X) Change ( ) Addition  
Name: FLORES, JUDITH K  
Address: 4015 CARROLLWOOD VILL DR  
City-St-Zip: TAMPA, FL 33618 US

Title: VD (X) Change ( ) Addition  
Name: FLORES III, ARMANDO  
Address: 16911 NIKKI LANE  
City-St-Zip: ODESSA, FL 33556 US

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: ARMANDO FLORES

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date