2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N40395

1. Entity Name
FLORIDA NARCOLEPSY ASSOCIATION, INC.

Principal Place of Business
2631 59TH ST
SARASOTA, FL 34243 US

Mailing Address
P O BOX 15352
SARASOTA, FL 34277 US

04032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3033120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CIKOVIC, MARION L
2631 59TH ST
SARASOTA, FL 34243

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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 Marion L. Cikovic DATE 4/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000109403
04/12/04-80040-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORN, PAUL C
STREET ADDRESS	5611 BAYSHORE RD LOT 16
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	BETTS, MARY
STREET ADDRESS	10457 COOPERWOOD DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	FAY, ROBERT
STREET ADDRESS	16211 2ND ST. E.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	VSTD
NAME	CIKOVIC, MARION L
STREET ADDRESS	2631 59TH ST
CITY-ST-ZIP	SARASOTA, FL 342432439
TITLE	D
NAME	RHODES, RON
STREET ADDRESS	3773 WAKE AVE.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	CIKOVIC, FRANK C
STREET ADDRESS	2631 59TH ST
CITY-ST-ZIP	SARASOTA, FL 34243

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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: Marion L. Cikovic / Marion L. Cikovic 4/3/04 941-3555359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #