

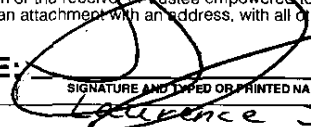


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90093 030 ****61.25

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| DOCUMENT # N40474 1. Entity Name THE PINO FAMILY FOUNDATION, INC. | | | |  | |
| Principal Place of Business 255 S ORANGE AVENUE SIXTH FLOOR ORLANDO, FL 32801 US | | | Mailing Address POB 1511 ORLANDO, FL 32802 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | |  | |
| 4. FEI Number 59-3009247 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04142004 Chg-NP CR2E037 (10/03) | |
| 6. Name and Address of Current Registered Agent PINO, LAURENCE J ESQ 255 S ORANGE AVE 6TH FLOOR ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WILSON, PATRICIA T 255 S ORANGE AVENUE, 6TH FLOOR ORLANDO, FL 32801 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PINO, LAURENCE 255 S. ORANGE AVE 6TH ORLANDO, FL 32801 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD QUINN, WANDA 255 S ORANGE AVE 6TH FLOOR ORLANDO, FL 32801 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Wanda Quinn 255 S. Orange Ave., 6th Floor Orlando, FL 32801 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TIO Craig Nickerson 255 S. Orange Ave., 6th Floor Orlando, FL 32801 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="display: flex; justify-content: space-between;"> <i>Laurence J. Pino</i> President 4/19/04 407 206-6513 </div> | | | | | |