


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

FILED
May 27, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N43449 1. Entity Name THE RUTH MUNCE FOUNDATION, INC. |  |
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| Principal Place of Business 415 2ND STREET INDIAN ROCKS BEACH, FL 33785 US | Mailing Address C/O G.M. MUNCE, CPA 641 BRYN MAWR STREET ORLANDO, FL 32804 US |
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05032004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3075055 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MUNCE, ROBERT L 415 2ND STREET INDIAN ROCKS BEACH, FL 33785 |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SPEER, LYNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MUNCE, ROBERT 415 2ND STREET INDIAN ROCKS BEACH, FL 33785 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD MUNCE, G M 641 BRYN MAWR STREET ORLANDO, FL 32804 |
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05/27/04-80001-010 61.25

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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)(c), 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: <u>G M MUNCE</u> G M MUNCE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 5/12/04 Date | 407/843-2601 Daytime Phone # |
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