

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90206 031 ****61.25

DOCUMENT # N44307

1. Entity Name

JCI SENATORS FOUNDATION OF FLORIDA, INC.



Principal Place of Business

713 S. ORANGE AVE.
SARASOTA, FL 34236 US

Mailing Address

713 S. ORANGE AVE.
SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3091703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MERCURIO, JOHN J.
713 S. ORANGE AVE.
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITMORE, RON
STREET ADDRESS	1008 GREENBRIER DR.
CITY-ST-ZIP	BRANDON, FL
TITLE	VPD
NAME	HARROW, DICK
STREET ADDRESS	1999 JUGAN RD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	TD
NAME	BATTERMAN, BARRY
STREET ADDRESS	526 NE 400 LANE 824 N Boundary Ave.
CITY-ST-ZIP	N MIAMI BCH, FL Deland, FL 32720
TITLE	SD
NAME	DEAL, CECIL
STREET ADDRESS	9682 108TH AVE NO.
CITY-ST-ZIP	LARGO, FL
TITLE	AT
NAME	MERCURIO, JOHN
STREET ADDRESS	713 SOUTH ORANGE AVENUE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/23/04

Date

(941) 953-4583

Daytime Phone #