


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

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44590**  
 1. Entity Name  
**RIGGS/SCHNEIDER FOUNDATION, INC.**



Principal Place of Business 5108 S. ORANGE ORLANDO, FL 32809 US	Mailing Address 5108 S. ORANGE ORLANDO, FL 32809 US
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3086942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 AIRTH, WILLIAM C JR  
 C/O THOMAS R OLSEN P.A.  
 2518 EDGEWATER DR., STE. 4  
 ORLANDO, FL 32804

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$81.25**  
**Due by May 1, 2004**

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

U00000054431  
 02/16/04-80171-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, THOMAS W. 403 OAK LYNN DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIGGS, ALICE S. 428 OAKLYNN DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOWEN, KATHY J. 112 N SILVER CLUSTER CT LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, TODD WALTER 428 OAKLYNN DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIRTH, WILLIAM C., JR. %THOMAS R OLSEN PA 2518 EDGEWATER DT STE 4 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, CORT T 403 OAK LYNN DR ORLANDO, FL 32809

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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)(f), 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:**  **Thomas W. Riggs** **2/12/04** **407 856-0245**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #