

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**

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 ☐ **\$8.75 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**

**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 restateing)

DATE _____

**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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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: _____

Thomas W. Riggs

Thomas W. Riggs

2/12/04

407 856-0245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #