## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2004 08:00 AM DOCUMENT # N44633-Secretary of State 1. Entity Name JAMES F. MULLEN MEMORIAL FUND, INC. Mailing Address Principal Place of Business 910 CONTENTO STREET SARASOTA FL 34242 910 CONTENTO STREET SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-0279577 Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COPPINGER, BOIES P., JR. Street Address (P.O. Box Number is Not Acceptable) 910 CONTENTO STREET SARASOTA FL 34242 City Zin Code 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 life if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE Addition TITLE ☐ Delete STULTS, ELWIN M., III NAME NAME U00000015368 4436 CALLE SERENA STREET ADDRESS STREET ADDRESS 01/28/04-80012-012 61.25 SARASOTA FL 34238 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE COPPINGER, BOIES P., JR. NAME NAME 910 CONTENTO ST. STREET ADDRESS STREET AODRESS SARASOTA FL 34242-1816 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE STONE, JOHN A NAME NAME 377 REDWOOD ROAD STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP Change Defete TITLE ☐ Addition TITLE MCLEOD, BENJAMIN F NAME NAME 3722 TORREY PINES BLVD STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE Change TITLE ALBERTSON, DON L NAME NAME 4136 WOODVIEW DRIVE STREET AODRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNANT DEFICER OR DIRECTOR

1-21-04

941)344-1

FILED