


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90287 021 \*\*\*\*61.25

<b>DOCUMENT # N47635</b> 1. Entity Name <b>THE ANDREW VINCENT MESSINA FOUNDATION (INCORPORATED)</b>					
Principal Place of Business <b>4930 PEREGRINE POINT WAY SARASOTA, FL 34231</b>				Mailing Address <b>4930 PEREGRINE POINT WAY SARASOTA, FL 34231</b>	
2. Principal Place of Business <b>1741 LANDING WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 5741</b> Suite, Apt. #, etc.			
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>65-0315465</b>	
Zip <b>34231</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PFLUGNER, J. GEOFFREY 2033 MAIN STREET STE 101 SARASOTA, FL 34237</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIGH ANN MESSINA 4930 PEREGRINE POINT WAY SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1741 LANDINGS WAY SARASOTA, FL 34231</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICCOLAI, BILL 1741 OAK LAKES DR SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, MARIAN 2495 BROWNING ST SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICCOLAI, CAROLYN 1741 OAK LAKES DR SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALKINS, SHERRI 5330 SOUTHERLY WAY SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFLUGNER, GEOFFREY J 2033 MAIN ST, SUITE 600 SARASOTA, FL 34230		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Leigh Ann Messina</b> <b>LEIGH ANN MESSINA</b> <b>3/4/04</b> <b>941-921-4848</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					