


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90214 033 ****70.00

DOCUMENT # N51369 1. Entity Name MANASOTA CFS/CFIDS SUPPORT GROUP, INC.					
Principal Place of Business 8926 PHYLISS AVE SARASOTA, FL 34231			Mailing Address 8926 PHYLISS AVE SARASOTA, FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0369463	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUBOIS, IRIS P 8926 PHYLISS AVE SARASOTA, FL 34231-7722				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>IRIS P. DuBois</i></u> IRIS P. DuBois, REGISTERED AGENT, 04/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELLMAN, MINDY 8302 SHADOW PINE WAY SARASOTA, FL 34238 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUBOIS, IRIS 3926 PHYLISS AVE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUBOIS, IRIS 8926 PHYLISS AVENUE SARASOTA, FL 34231-7722 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENWALD, ELLEN 1824 FLAMETREE LANE VENICE, FL 34293 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENWALD, ELLEN 5575 MODENA PLACE SARASOTA, FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEDITS, DONNA 22083 WOOD HOLLOW LANE SARASOTA, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
SIGNATURE: <u><i>IRIS P. DuBois</i></u> IRIS P. DuBois, PRESIDENT, 4/26/04, 941-966-1252 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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