

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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90059 002 ****61.25

DOCUMENT # N93000003829

1. Entity Name

CORPORAL LARRY SIEGEL FOUNDATION, INC.



Principal Place of Business

8714 HIGHLAND AVE. N.
TAMPA FL 33604-1333
US

Mailing Address

8714 HIGHLAND AVE. N.
TAMPA FL 33604-1333
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, LARRY
8714 HIGHLAND AVE. N.
TAMPA FL 33604-1333

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POKORNY, WILLIAM A	
STREET ADDRESS	5104 LADY ROSE COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, MARY A	
STREET ADDRESS	8714 N. HIGHLAND AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIEGEL, LARRY	
STREET ADDRESS	8714 HIGHLAND AVE., N.	
CITY-ST-ZIP	TAMPA FL 33601-1333	
TITLE	D	<input type="checkbox"/> Delete
NAME	POKORNY, ELIZABETH J	
STREET ADDRESS	5104 LADY ROSE COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POKORNY, WILLIAM A.	
STREET ADDRESS	4213 S.W. 80 th STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POKORNY, ELIZABETH J.	
STREET ADDRESS	4213 S.W. 80 th STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, LAWRENCE JR.	
STREET ADDRESS	11873 HONEY LOCUST DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223-1982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

LARRY SIEGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/04 (813) 933-1929

Date

Daytime Phone #