


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005778**

1. Entity Name  
WALTER AND EDITH LOEBENBERG FAMILY  
FOUNDATION, INC.



Principal Place of Business 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710	Mailing Address 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3221301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

SNYDER, D J  
6529 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000085112  
03/11/04-80034-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOEBENBERG, DAVID 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEBENBERG, MICHAEL 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(b), 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:** *Walter Loebenberg* **3-8-04 717 349 8900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #