

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002058

**FILED
Jul 02, 2004
Secretary of State**

Entity Name: MAKE-A-WISH FOUNDATION OF CENTRAL AND NORTHERN FLORIDA, INC.

Current Principal Place of Business:

1053 N ORLANDO AVE
SUITE 1
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

1053 N ORLANDO AVE
SUITE 1
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3235806 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAPAGLIA, JOSEPH
1053 N. ORLANDO AVE
SUITE #1
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WILLIAM, JEFF
Address: 3974 ST ARMEN'S
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: JULIAN, MATTHEW P
Address: 1942 LOST SPRING COURT
City-St-Zip: LONGWOOD, FL 32779

Title: P () Delete
Name: LAPAGLIA, JOSEPH
Address: 1053 N. ORLANDO AVE, STE 1
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: CANNON, JEFFREY
Address: 1510 MIZELL AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: LAMM, DAVID R
Address: 1250 ALEXA DRIVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LAPAGLIA

PRES

07/02/2004

Electronic Signature of Signing Officer or Director

Date