

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002122

FILED
Mar 17, 2004
Secretary of State**Entity Name:** SANTA'S COUNCIL FOR NEEDY & ABUSED CHILDREN INC.**Current Principal Place of Business:**2135 BAYOU DR SOUTH
RUSKIN, FL 33570 US**New Principal Place of Business:****Current Mailing Address:**4846 SUN CITY CENTER
SUITE 271
RUSKIN, FL 33570 US**New Mailing Address:**4846 SUN CITY CENTER
PMB #271
SUN CENTER, FL 33573 US**FEI Number:** 59-3242287**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORYELL, WILLIAM J
3022 STATE ROAD 674
SUITE 271
RUSKIN, FL 33570 US**Name and Address of New Registered Agent:**CORYELL, WILLIAM J
4846 SUN CITY CENTER
PMB #271
SUN CITY CENTER, FL 33573 US

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: _____

03/17/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CORYELL, KATHARINA G
Address: 3022 STATE ROAD 674 #671
City-St-Zip: RUSKIN, FL 33570 US

Title: TV () Delete
Name: SKELTON, ROY
Address: 326 N. BELCHER
City-St-Zip: CLEARWATER, FL 33765

Title: ST () Delete
Name: NIEBER, HEIDI
Address: 8012 FORD PLACE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: CORYEL, WILLIAM J
Address: 3022 STATE RD 674 #271
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: NIEBER, WALTER
Address: 8012 FORD PLACE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CORYELL, KATHARINA G
Address: 4846 SUN CITY CENTER BLVD. PMB #271
City-St-Zip: SUN CITY CENTER, FL 33573 US

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

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

Title: D (X) Change () Addition
Name: CORYEL, WILLIAM J
Address: 4846 SUN CITY CENTER BLVD. PMB #271
City-St-Zip: SUN CITY CENTER, FL 33573

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: KATHARINA G. CORYELL

PT

03/17/2004

Electronic Signature of Signing Officer or Director

Date