

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

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

04-28-2004 90243 033 ****61.25

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1. Entity Name

HARRIS E. "ZIP" LONG CHARITABLE FOUNDATION, INC.



Principal Place of Business

**150 BELLEVIEW BLVD
#207
BELLEAIR FL 33756**

Mailing Address

**150 BELLEVIEW BLVD
#207
BELLEAIR FL 33756**

24057668



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3244546

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

**LONG, SHIRLEY I
150 BELLEVIEW BLVD
#207
BELLEAIR FL 33756**

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** ☐ Delete
NAME **LONG, CHAS W**
STREET ADDRESS **3404 MASTERS DR NO**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TD** ☐ Delete
NAME **LONG, SHIRLEY I**
STREET ADDRESS **150 BELLEVIEW BLVD 207**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **VD** ☐ Delete
NAME **SCHMIDT, PAUL C**
STREET ADDRESS **207 MIDWAY ISLAND**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D** ☐ Delete
NAME **GUY, EDWARD**
STREET ADDRESS **1872 DEL ROBLES TERR**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **PD** ☐ Delete
NAME **FISHER, FREDERICK E**
STREET ADDRESS **P O BOX 7690 N/A**
CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **D** ☐ Delete
NAME **RICK STARR**
STREET ADDRESS **2299 DREW ST**
CITY-ST-ZIP **CLEARWATER, FL. 33765**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Shirley I Long Treasurer

4-21-04

727-461-2592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #