

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002635

FILED
May 18, 2004
Secretary of State**Entity Name:** CORYI FOUNDATION, INC.**Current Principal Place of Business:**3715 FELDA STREET
COCOA, FL 32926**New Principal Place of Business:****Current Mailing Address:**3715 FELDA STREET
COCOA, FL 32926**New Mailing Address:****FEI Number:** 59-3249083**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MALLOW, TIMOTHY J
3715 FELDA STREET
COCOA, FL 32926 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:** DPC () Delete
Name: MALLOW, TIMOTHY J
Address: 3715 FELDA STREET
City-St-Zip: COCOA, FL**Title:** DVTS () Delete
Name: MALLOW, BETH A
Address: 3715 FELDA STREET
City-St-Zip: COCOA, FL**Title:** D () Delete
Name: MALLOW, JANET
Address: 1103 E. CAMELLIA ST.
City-St-Zip: BRANDON, FL**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:

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: TIMOTHY JOHN MALLOW

DPC

05/18/2004

Electronic Signature of Signing Officer or Director_____
Date