

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

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 004 \*\*\*\*61.25

**DOCUMENT # N94000003950**

1. Entity Name

AMERICAN RUSSIAN FOUNDATION, INC.



Principal Place of Business

132 44TH AVE NE  
ST PETERSBURG FL 33903  
US  
*1715 DELAWARE AVE NE  
St. Pete FL 33703*

Mailing Address

P.O. BOX 3141  
ST PETERSBURG FL 33731  
US

J4000001



MOORE

CR2E037 (4/04)

2. Principal Place of Business

*1715 DELAWARE AVE NE*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*St. Pete FL*

Zip

*33703*

Country

*USA*

City & State

Zip

Country

4. FEI Number

59-3284912

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODDARD, FRANK W  
2959 FIRST AVE N  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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 September 8, 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	<input type="checkbox"/> Delete
NAME	BRETNELL, FRANK MICHAEL	
STREET ADDRESS	111 2ND AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRETNELL, ANNIEDEE	
STREET ADDRESS	111 2ND AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRETNELL, EUGENE	
STREET ADDRESS	111 2ND AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRESENT BRETNELL, Frank Michael</i>
STREET ADDRESS	<i>1715 Delaware Ave NE</i>
CITY-ST-ZIP	<i>St. Pete FL 33703</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BRETNELL, Annie Lee</i>
STREET ADDRESS	<i>1715 Delaware Avenue</i>
CITY-ST-ZIP	<i>St. Pete FL 33703</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BRETNELL, Eugene</i>
STREET ADDRESS	<i>1715 Delaware Ave NE</i>
CITY-ST-ZIP	<i>St. Pete FL 33703</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8-15-04 727-543-4672*