

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004919 <small>1. Entity Name</small> THE GEORGE J. AND MARY SUSAN THELEN FAMILY FOUNDATION, INC.									
<small>Principal Place of Business</small> 5393 GULF OF MEXICO DRIVE #112B LONGBOAT TERRACE LONGBOAT KEY, FL 34228 US		<small>Mailing Address</small> 5393 GULF OF MEXICO DRIVE #112 B LONGBOAT TERRACE LONGBOAT KEY, FL 34228 US							
<h2>DO NOT WRITE IN THIS SPACE</h2>		 04152004 No Chg-NP CR2E037 (10/03)							
6. Name and Address of Current Registered Agent THELEN, GEORGE J 5393 GULF OF MEXICO DRIVE UNIT 112B LONGBOAT TERRACE LONGBOAT KEY, FL 34228		<h2>DO NOT WRITE IN THIS SPACE</h2>							
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.									
<table style="width: 100%;"> <tr> <td style="width: 40%;">SIGNATURE _____</td> <td style="width: 40%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width: 20%; text-align: center;">DATE _____</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</td> <td></td> <td></td> </tr> </table>				SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____	Signature, typed or printed name of registered agent and title if applicable		
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Signature, typed or printed name of registered agent and title if applicable									
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS		<div style="text-align: right;"> 1000000153283 05/04/04-80121-009 61.25 </div>							
TITLE	DPTS	<h2>DO NOT WRITE IN THIS SPACE</h2>							
NAME	THELEN, GEROGE J								
STREET ADDRESS	5393 GULF OF MEXICO #112B LONGBOAT TERRACE								
CITY- ST- ZIP	LONGBOAT KEY, FL								
TITLE	D								
NAME	HARPER, MARIBETH								
STREET ADDRESS	9625 CARRIAGE DR.								
CITY- ST- ZIP	KENSINGTON, MD 20895	<h2>DO NOT WRITE IN THIS SPACE</h2>							
TITLE	D								
NAME	THELEN, JAY P								
STREET ADDRESS	20 RIO GRANDE, UNIT 7								
CITY- ST- ZIP	FLORENCE, KY 41042								
TITLE	D								
NAME	REGAN, JENNIFER								
STREET ADDRESS	1001 ST GEORGES LANE	<h2>DO NOT WRITE IN THIS SPACE</h2>							
CITY- ST- ZIP	LAUDENBERG, PA								
TITLE	D								
NAME	CIPOLLONE, REBECCA								
STREET ADDRESS	55 FRANCES COURT								
CITY- ST- ZIP	CHESHIRE, CN								
TITLE									
NAME		<h2>DO NOT WRITE IN THIS SPACE</h2>							
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)(f), 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.				<h2>DO NOT WRITE IN THIS SPACE</h2>					
SIGNATURE: _____									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									
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