

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005970

1. Entity Name
THE SNOWDEN FOUNDATION, INCORPORATED



Principal Place of Business
10590 ETON WAY
VERO BEACH, FL 32963

Mailing Address
10590 ETON WAY
VERO BEACH, FL 32963



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0551914

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNOWDEN, DIANE P
10590 ETON WAY
VERO BEACH, FL 32963

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SNOWDEN, GUY B
STREET ADDRESS 10590 ETON WAY
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D
NAME SNOWDEN, DIANE P
STREET ADDRESS 10590 ETON WAY
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D
NAME MALIKOW, LOUIS R
STREET ADDRESS 44 ROBINWOOD DR
CITY-ST-ZIP CLIFTON PARK, NY 12055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000020585
01/29/04-80072-017 70.00

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IN THIS SPACE**

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: Diane P. Snowden, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane P. Snowden

772-589-6650

Daytime Phone #