


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

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001980 1. Entity Name MARION A. ROLETTI FOUNDATION, INC.	
--	---

Principal Place of Business 11421 TAFT ST. PEMBROKE PINES, FL 33026 US	Mailing Address 11421 TAFT ST. PEMBROKE PINES, FL 33026 US
--	--

DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0582978	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SMITH, NANCY C 11421 TAFT ST PEMBROKE PINES, FL 33026
--

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000001E4790 07/09/04-80003-024 61.25
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLUMP, THOMAS 439 S NETHERLAND CRESENT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, NANCY C 11421 TAFT STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOVAL, GLENDA 1400 SW 137 AVE STE F-210 PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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.

SIGNATURE: <i>Nancy C Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7/7/04 305-817-3668 Date Daytime Phone #
--	---