


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 031 ****61.25

DOCUMENT # N96000000780	
1. Entity Name BLACKWELL FOUNDATION, INC.	

Principal Place of Business 6314 CORPORATE COURT SUITE "C" FORT MYERS, FL 33919	Mailing Address 6314 CORPORATE COURT SUITE "C" FORT MYERS, FL 33919
--	--

54030820



04022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business 3677 Central Ave. Suite, Apt. #, etc. Suite G City & State Fort Myers, FL Zip 33901 Country USA	3. Mailing Address 3677 Central Ave. Suite, Apt. #, etc. Suite G City & State Fort Myers, FL Zip 33901 Country USA
---	---

4. FEI Number 65-0700132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WELCH, RICHARD ALAN 6314 CORPORATE COURT SUITE C FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name 3677 Central Ave. Suite G Street Address (P.O. Box Number is Not Acceptable) City Fort Myers FL Zip Code 33901
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

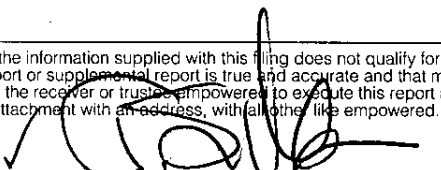
Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, RICHARD A 6314 CORPORATE COURT SUITE C FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3677 Central Ave. Suite G Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADSON, TED S II PO BOX 1041 DOUGLAS, FL 31534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Douglas, GA 31534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESELY, MICHAEL PO B 81 LOCUST GROVE, GA 30248 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **T.S. Madson II**
President
Date **4/8/04** (912) 383-6719