

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

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001381

1. Entity Name
MELLECKER - LILLEY FOUNDATION, INC.



Principal Place of Business
**11201 PARK BOULEVARD
SUITE 21
SEMINOLE, FL 33772 US**

Mailing Address
**11201 PARK BOULEVARD
SUITE 21
SEMINOLE, FL 33772 US**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3398163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROOTH, SUSAN A
11201 PARK BOULEVARD N
SUITE 21
SEMINOLE, FL 33772**

**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

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

000000122787

04/21/04-80042-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GALLAGHER, LAWRENCE J
5400 PARK ST N, #508
ST PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROOTH, SUSAN A
11201 PARK BOULEVARD N, SUITE 21
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TROST, WILLIAM
5400 PARK ST N., #710
ST PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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)(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:

Susan A Rooth **Susan A Rooth** Director **4/19/04** **727-397-4768**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #