

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002314

1. Entity Name

THE MANOR FOUNDATION, INC.



Principal Place of Business

2812 W GANDY BLVD
TAMPA FL 33611
US

Mailing Address

1513 S ARRAWANA AVE
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OKENFUS, LEE A
1513 SOUTH ARRAWANA ST.
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: 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

TITLE D ☐ Delete
NAME OKENFUS, LEE A
STREET ADDRESS %1513 S ARRAWANA AVE
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete
NAME OKENFUS, DORIS
STREET ADDRESS % 2401 BAYSHORE BLVD., #409
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete
NAME ADAMS, DR WILLIAM
STREET ADDRESS 2191 9TH AVE N #110
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000054420
CITY-ST-ZIP 02/16/04-80171-005 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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)(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:

Lee Okenfus Lee Okenfus

Feb 13/2004 (813) 254-5830