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

JAMES

SIGNATURE:

Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # N96000002768 1. Entity Name FRANKLIN G. BERLIN FOUNDATION, INC. Principal Place of Business Mailing Address 200 S ORANGE AVE C/O W T HARRISON JR SARASOTA FL 34236 200 S ORANGE AVE C/O W T HARRISON JR SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 31-1468179 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRISON, W T JR 200 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 City 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRISON, WILLIAM T J NAME NAME 200 S ORANGE AVE U00000069216 STREET ADDRESS STREET ADDRESS SARASOTA FL Ŭ3/Ù1/Ŭ4-8ÛÙÙ?-006 61.25 CITY - ST - ZIP CITY - ST - ZIP ☐ Change ☐ Delete TIFLE Addition TITLE JACKSON, JAMES R NAME NAME 2603 SUNNYSIDE ST. STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY - ST- ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition STOTTLEMYER, CHARLES E NAME NAME 1290 PALM AVE NO STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

OFFICER OR DIRECTOR

FILED

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