


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002412	
1. Entity Name SOUTHEAST ASIAN CHILDRENS MERCY FUND, INC.	

Principal Place of Business 2158 TREVOR RD PALM HARBOR, FL 34683	Mailing Address 2158 TREVOR RD PALM HARBOR, FL 34683
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DO NOT WRITE IN THIS SPACE



07052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3447829	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 STAGG, WILLIAM E 2158 TREVOR RD PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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	1100000165519 07/12/04-80016-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAGG, WILLIAM E 2158 TREVOR RD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNAROZZI, EMIL 2158 TREVOR RD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAGG, SOPHAL L 2158 TREVOR RD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: WILLIAM E. STAGG President 7-9-04 727-934-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #