

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002949

Entity Name: SANAN FAMILY FOUNDATION, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

1766 BEVILLE RD.
CLEARWATER, FL 346251501

New Principal Place of Business:

1766 BEVILLE RD.
CLEARWATER, FL 33765

Current Mailing Address:

1766 BEVILLE RD.
CLEARWATER, FL 346251501

New Mailing Address:

1766 BEVILLE RD.
CLEARWATER, FL 33765

FEI Number: 59-3447773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDEE, BRETT
1700 SOUTH MACDILL AVENUE
SUITE 200
TAMPA, FL 336295218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANAN, SATISH K
Address: 1766 BEVILLE RD.
City-St-Zip: CLEARWATER, FL

Title: VPDT () Delete
Name: SANAN, ANNE
Address: 1766 BEVILLE RD.
City-St-Zip: CLEARWATER, FL

Title: SD () Delete
Name: HENDEE, BRETT
Address: 100 S ASHLEY DR STE 1770
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANAN, SATISH K
Address: 1766 BEVILLE RD.
City-St-Zip: CLEARWATER, FL 33765

Title: VPDT (X) Change () Addition
Name: SANAN, ANNE
Address: 1766 BEVILLE RD.
City-St-Zip: CLEARWATER, FL 33765

Title: SD (X) Change () Addition
Name: HENDEE, BRETT
Address: 1700 S MACDILL AVE., #200
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SATISH K. SANAN

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date