2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005349

1. Entity Name
THE BOND FOUNDATION, INC.

Principal Place of Business	Mailing Address
800 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	800 SOUTH DILLARD STREET WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3468830
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLAKESLEE, DEREK
800 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLAKESLEE, DEREK
STREET ADDRESS	230 N HIGHLAND AVE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	BLAKESLEE, ANN G
STREET ADDRESS	230 N HIGHLAND AVE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	WINGATE, DON
STREET ADDRESS	P.O BOX 6
CITY-ST-ZIP	KILLARNEY, FL 34740
TITLE	D
NAME	WINGATE, CAROLE
STREET ADDRESS	P.O BOX 6
CITY-ST-ZIP	KILLARNEY, FL 34740
TITLE	D
NAME	GRIFFITH, MARK
STREET ADDRESS	P.O BOX 770284
CITY-ST-ZIP	WINTER GARDEN, FL 34777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/04-80009-017 61.25

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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: Derek J. Blakeslee 1/5/04 407-656-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #