

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005647		
1. Entity Name HAROLD C. AND JACQUELINE F. BLADEL FOUNDATION, INC.		
Principal Place of Business 1515 RINGLING BLVD. 3RD FLOOR SARASOTA, FL 34236		Mailing Address 400 N. ASHLEY DR. STE. 2300 TAMPA, FL 33602
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORP. 701 BRICKELL AVE. STE. 300 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000038863 03/29/04-80060-004 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, ARTHUR J 1515 RINGLING BLVD. SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, PHILIP A 1515 RINGLING BLVD SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT R 1515 RINGLING BLVD SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 or without other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/25/04 <small>Date Daytime Phone #</small>