2004 NOT-FOR-P ROFIT CORPORATION ANNU L REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90375 037 ****61.25

DOCUMENT # N970000 05972

1. Entity Name
THE JOSE (CHEO) RAMIREZ-W RSHING FOUNDATION, INC.

Principal Place of Business
2272 WEKIVA VILLAGE LANE
APOPKA, FL 32703

Mailing Address
P.O. BOX 162424
ALTAMONTE SPRINGS, FL 32716-2429

2. Principal Place of Business
144 MAITLAND Ave
Suite, Apt. #, etc.
Apt. D
City & State
Altamonte Spring
Zip
3271
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Florida
Zip
Country

04282004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIRSHING, JOCELYNN M
2272 WEKIVA VILLAGE LANE
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
144 Maitland Ave Apt D
City
Altamonte Springs FL
Zip Code
32701

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 Beatriz Rodriguez TRES. 4/28/04
Signature, type or print the name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/28/04

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WIRSHING, JOCELYNN		NAME	Same	
STREET ADDRESS	2272 WEKIVA VILLAGE LA E		STREET ADDRESS	144 Maitland Ave Apt D	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	Altamonte Spring FL 32701	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RAMUEZ, ALBERTO E		NAME	Same	
STREET ADDRESS	2272 WEKIVA VILLAGE LA E		STREET ADDRESS	9351 Fontainebleau Blvd B-411	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	Miami, FL 33172	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOERTER, ROBERT E		NAME		
STREET ADDRESS	757 GREEN OAKS CT		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DALDAH, CESAR		NAME		
STREET ADDRESS	BOX 61 N/A		STREET ADDRESS		
CITY-ST-ZIP	MAYAGUEZ, PR 0068000		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, BEATRIZ		NAME	Same	
STREET ADDRESS	1022 KNOLLWOOD CT		STREET ADDRESS	885 Galston St.	
CITY-ST-ZIP	WINTER SPRINGS, FL 327 8		CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARNER, CHERYL		NAME		
STREET ADDRESS	1022 MANIGAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		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 all other like empowered.

SIGNATURE: Beatriz Rodriguez 4/28/04 4/28/04 (407) 886-5004
SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #