

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

DOCUMENT# N97000006538

**FILED**  
**Jan 05, 2004**  
**Secretary of State****Entity Name:** TRADEWINDS FOUNDATION, INC.**Current Principal Place of Business:**8365 SENECA TURNPIKE  
NEW HARTFORD, NY 13413**New Principal Place of Business:****Current Mailing Address:**8365 SENECA TURNPIKE  
NEW HARTFORD, NY 13413**New Mailing Address:****FEI Number:** 65-0797138**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FRASER, JEFF  
1360 S OCEAN BLVD  
POMPANO BEACH, FL 33062 US**Name and Address of New Registered Agent:**FRASER, JEFF  
1360 S OCEAN BLVD  
STUDIO 1501  
POMPANO BEACH, FL 33062 US

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: \_\_\_\_\_

01/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABELOVE, DAVID  
Address: 8365 SENECA TURNPIKE  
City-St-Zip: NEW HARTFORD, NY 13413

Title: VD ( ) Delete  
Name: CLARK, KATHERINE  
Address: 8365 SENECA TURNPIKE  
City-St-Zip: NEW HARTFORD, NY 13413

Title: STD ( ) Delete  
Name: EVANS, ROBERT  
Address: 8365 SENECA TURNPIKE  
City-St-Zip: NEW HARTFORD, NY 13413

Title: D ( ) Delete  
Name: TEHAN, LOUIS  
Address: 1020 MARY STREET  
City-St-Zip: UTICA, NY 13501

Title: VP ( ) Delete  
Name: FRASER, JEFF  
Address: 1360 S OCEAN BLVD STE 1501  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT A. EVANS

SEC

01/05/2004

Electronic Signature of Signing Officer or Director

Date