2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # N97000006583** 04-28-2004 90211 028 ****61.25 DAVID L. MASON FOUNDATION, INC. Mailing Address Principal Place of Business 1635 ROBINHOOD LANE 1635 ROBINHOOD LANE CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Cha-NP CR2E037 (10/03) City & State 4. FEI Number 59-3479134 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ason David L. FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL ET ATTN: R ALAN HIGBEE 501 E KENNEDY BLVD, SU 11 1700 TAMPA, FL 33601 8. The above named entity submits by 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. Mison DAUID L MASON Filing Fee is \$61,25 9. Election Campaign Financing + **\$5.00** May Be Make check payable to Trust Fund Contribution. . . Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DPTS TITLE Change ☐ Addition TITLE ☐ Delete MASON, DAVID L" 🧍 NAME STREET ADDRESS 1635 ROBINHOOD LANE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE ☐ Change Addition MASON, JANICE A NAME NAME 1635 ROBINHOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE MASON, VESTER L NAME 2340 N. FERNWAY DR. STREET ADDRESS STREET ADDRESS MONTGOMERY, AL 36111 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP'_ . 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.

FILED

X 4-23-04 X 727-530-1116

Date Dayling Phone #

MASON DAVID

SIGNATURE: