

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90049 014 ****61.25

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1. Entity Name

**THE COLLEEN A. GRIFFIN CHARITABLE FOUNDATION,
INC.**



Principal Place of Business

Mailing Address

**3905 AVENIDA MADERA
BRADENTON FL 34210**

**3905 AVENIDA MADERA
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0798233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, MELVIN W
3905 AVENIDA MADERA
BRADENTON FL 34210**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Melvin W. Griffin

MELVIN W. GRIFFIN PRESIDENT

02/06/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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
NAME GRIFFIN, MELVIN ☐ Delete
STREET ADDRESS 3905 AVENIDA MADERA
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GRIFFIN, BRUCE ☐ Delete
STREET ADDRESS 29 HOLLYDENE ROAD
CITY-ST-ZIP SCARBOROUGH ON m1-l2aa

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GRIFFIN, RICHARD ☐ Delete
STREET ADDRESS 2088 LUMBERMAN LANE
CITY-ST-ZIP OAKVILLE ON l6-m2z1

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SMITH, LORNA M ☐ Delete
STREET ADDRESS 24 WILD ROSE DRIVE
CITY-ST-ZIP CALGARY AB t3-z3j9

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GRIFFIN, DAVID ☐ Delete
STREET ADDRESS 959 GABLEHURST CRESCENT
CITY-ST-ZIP PICKERING, ON, CAN. LIV5G6

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

Melvin W. Griffin

MELVIN W. GRIFFIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

02/06/04

Daytime Phone

441-756-1153