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

Mar 08, 2004 08:00 AM DOCUMENT # N97000007199 **Secretary of State** 1. Entity Name PRIDMORE FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 415 PALMETTO PLACE 415 PALMETTO PLACE INDIALANTIC FL 32903 INDIALANTIC FL 32903 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-3491775 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRIDMORE, THOMAS C 415 PALMETTO PLACE Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 Zip Code City 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 DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Delete TITLE U00000081992 PRIDMORE, THOMAS C NAME NAME 03/09/04-80009-012 61.25 415 PALMETTO PLACE STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE DETTMER, DALE A MARKE 780 S. APOLLO BLVD. STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY - ST- ZIP ☐ Delete Change Addition TITLE TITLE PRIDMORE, DONNA J NAME NAME 415 PALMETTO PLACE STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CDY-ST-7IP

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:

me C. Prilupe

3/3/04 321-723-8015

FILED