


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

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000494 1. Entity Name GARY L. FORMET MEMORIAL TRUST FUND, INC.	
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Principal Place of Business 1215 MONTCALM ST. ORLANDO, FL 32806	Mailing Address 1215 MONTCALM ST. ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3500845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORMET, JANE C 1215 MONTCALM ST. ORLANDO, FL 32806
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000118645 04/15/04-80017-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMET, JANE C 1215 MONTCALM ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICHER, NORMAN C 1560 N. ORANGE AVE., STE 600 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHLUST, CHARLES G 778 MCINTYRE AVE. WINTER PARK, FL 32787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JENNIFER F 2998 EGLINGTON ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jane C. Formet* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____