

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 001 ****61.25

DOCUMENT # N98000001142	
1. Entity Name THE SADAKO K. JUDD PRIVATE FOUNDATION, INC.	

Principal Place of Business 2130-A ANDREA LANE FORT MYERS, FL 33912	Mailing Address 2130-A ANDREA LANE FORT MYERS, FL 33912
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54057500



DO NOT WRITE IN THIS SPACE

06082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0816375	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAWTON, ROBERT J 2130-A ANDREA LANE FORT MYERS, FL 33912
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IN THIS SPACE**

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 changing office or agent)

Filing Fee is \$81.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	LAWTON, ROBERT J 2130-A ANDREA LANE FORT MYERS, FL 33912
TITLE D	LAWTON, MATTHEW J 2785 E. COCOHATCHEE DRIVE NAPLES, FL 34110
TITLE D	MEYERS, SARA L 5134 SOUTH OSCEOLA STREET LITTLETON, CO 80923
TITLE D	COLLINS, ELIZABETH L 11812 SE 229TH PLACE KENT, WA 98031
TITLE D	_____
TITLE D	_____

**DO NOT WRITE
IN THIS SPACE**

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: <i>Robert J. Lawton</i>	6/10/04	(289) 433-3335
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Telephone Number