## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## \_Feb 02, 2004 08:00 AM **Secretary of State** DOCUMENT # N98000002528 CLARION FOUNDATION, INC. Principal Place of Business Mailing Address 526 THORPE ROAD P.O. BOX 590007 ORLANDO, FL 32824 ORLANDO, FL 32859-0007 01302004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 58-2392794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLEIM, HOLGER D DO NOT WRITE 150 SECOND AVE. NORTH, STE. 1100 ST. PETERSBURG, FL 33701 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, typed or printed name of registered agen; and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be U00000030063 /04/04-80034-009 61 Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DANIELS, GEORGE G STREET ADDRESS 526 THORPE ROAD CITY-ST-ZIP ORLANDO, FL 32824 TITLE NAME DANIELS, SHERRY B STREET ADDRESS 526 THORPE ROAD CITY-ST-ZIP ORLANDO, FL 32824 TITLE NAME VARGO, JAMES D STREET ADDRESS 526 THORPE ROAD DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32824 SITE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(3). Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accordate and they 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like experienced.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PED ON PRINTED NAME OF SIGNING OF ACER OR DIRECTOR

George G Daniels 01-28-2004 407-855-6161

**FILED**