

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # N98000002629

1. Entity Name  
NO MORE SILENCE, INC.



Principal Place of Business  
1900 PENNSYLVANIA AVE NE  
SAINT PETERSBURG, FL 33703

Mailing Address  
7218 WILLIAMS DR SOUTH  
SAINT PETERSBURG, FL 33705



01052004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3502989

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LESCHEN, CHRISTY E  
1105 HUNT AVE  
LAKELAND, FL 33801

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LESCHEN, CHRISTY
STREET ADDRESS	1105 HUNT AVE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	MCCORMICK, MAUREEN
STREET ADDRESS	1900 PENNSYLVANIA AVE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	D
NAME	ROCKEY, MARSHA
STREET ADDRESS	1900 PENNSYLVANIA AVE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	D
NAME	SAFFORD, LAURA
STREET ADDRESS	1105 HUNT AVE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	THIELMANN, LINDA
STREET ADDRESS	5928 TANGLEWOOD DR NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	T
NAME	KING, YVONNE A
STREET ADDRESS	7218 WILLIAMS DR SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705

**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:

*Yvonne A. King*

*Yvonne A. King*

*1/22/04*

*727-864-8442*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #