


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005687</b>		
1. Entity Name <b>WALLACE COUNTRY INDUSTRIAL PARK ASSOCIATION, INC.</b>		
Principal Place of Business <b>5654 JASON LEE PL SARASOTA, FL 34233</b>	Mailing Address <b>7330 S. TAMiami TRAIL SARASOTA, FL 34231</b>	



03252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0889241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>DRAKE, J. KEVIN 1432 FIRST ST. SARASOTA, FL 34236</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000099268  
03/30/04-80006-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLACE, EARL E P.O. BOX 20588 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WALLACE, NAOMI A P.O. BOX 20588 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD ROBERTS, DONNA DIANE P.O. BOX 20396 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **Donna D. Roberts** 3/29/04 803697334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Mo Phone #