

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

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006249

1. Entity Name

THE SPARROW'S SONG FOUNDATION, INC.



Principal Place of Business

1010 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418

Mailing Address

1010 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE



01262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0872994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLMER, BRENT
1010 SHADY LAKES CIRCLE
PALM BEACH GARDENS, FL 33418

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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

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

(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

UN00000019629

01/29/04-80033-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GINBURG, DAN
STREET ADDRESS	600 PETRIFIED FOREST ROAD
CITY-ST-ZIP	CALISTOGA, CA 94515
TITLE	D
NAME	OHMIT, TERESA
STREET ADDRESS	600 PETRIFIED FOREST ROAD
CITY-ST-ZIP	CALISTOGA, CA 94515
TITLE	D
NAME	WOLMER, BRENT
STREET ADDRESS	1010 SHADY LAKES CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

Date

Sta/844-3600

Daytime Phone #