

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000119

Entity Name: NYALA FOUNDATION, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

7330 JENNER AVE
NEW PORT RICHEY, FL 346553222

New Principal Place of Business:

Current Mailing Address:

7330 JENNER AVENUE
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 59-3618527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOMBS, MALCOLM L
7330 JENNER AVENUE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: TUJETSCH, NORMA SEC/D
Address: 9805 DECUBILLIS AVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: DIR () Delete
Name: MCCOMBS, MALCOLM L PRES
Address: 7330 JENNER AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: DIR () Delete
Name: RINKER, JAMES VPRES
Address: 5534 OAK RIDGE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: DIR () Delete
Name: TIMMONS, JOY D TREAS/D
Address: 3601 PINEHURST DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM L. MCCOMBS

DIR

04/15/2004

Electronic Signature of Signing Officer or Director

Date