

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90147 022 ****61.25

DOCUMENT # N99000000605					
1. Entity Name THIEVES OF SAN LORENZO, INC.					
Principal Place of Business P.O. BOX 14033 CLEARWATER, FL 33766-3766			Mailing Address P.O. BOX 14033 CLEARWATER, FL 33766-3766		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3563128	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRIEDMAN, LOUISE M 4247 11 AVENUE N SAINT PETERSBURG, FL 33713				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME FRIEDMAN, LOUISE		<input type="checkbox"/> Delete		
STREET ADDRESS 4247 11 AVENUE N					
CITY-ST-ZIP SAINT PETERSBURG, FL 33713					
TITLE VP	NAME VALDEZ, JULIE		<input type="checkbox"/> Delete		
STREET ADDRESS 13867 FEATHER SOUND DR.					
CITY-ST-ZIP CLEARWATER, FL 33762					
TITLE T	NAME HATHORN, CHERYL		<input type="checkbox"/> Delete		
STREET ADDRESS 2027 DIPLOMAT DR.					
CITY-ST-ZIP CLEARWATER, FL 337643770					
TITLE D	NAME DUCHESS, JUDITH		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 9002 APPLEVALLEY WAY					
CITY-ST-ZIP TAMPA, FL 33626					
TITLE SOA	NAME ROY, CAROL		<input type="checkbox"/> Delete		
STREET ADDRESS 2034 CORMORANT AVE					
CITY-ST-ZIP PALM HARBOR, FL 34683					
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY-ST-ZIP					
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 persons empowered.					
SIGNATURE <i>Louise M Friedman</i>			3/1/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		