


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002916
 1. Entity Name
 BERNARD F. AND MARY ANN POWELL FOUNDATION, INC.



Principal Place of Business Mailing Address
 1700 GULF BLVD. 1700 GULF BLVD.
 BELLEAIR SHORES, FL 33786 BELLEAIR SHORES, FL 33786

DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3575091 Not Applicable

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

5. Name and Address of Current Registered Agent

POWELL, BERNARD
 1700 GULF BLVD.
 BELLEAIR SHORES, FL 33786

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: *Bernard F. Powell* DATE: *4/12/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

U00000118780
 04/19/04-80073-023 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POWELL, BERNARD 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, MARY ANN 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, ROGER A 911 CHESTNUT STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: *Bernard F. Powell* DATE: *4/12/04* DAY/PHONE: *727 595-9471*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #