


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		
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: <u><i>Bernard F. Powell</i></u> DATE: <u>4/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000118780 04/19/04-80073-023 70.00
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	DO NOT WRITE IN THIS SPACE
NAME	POWELL, BERNARD	
STREET ADDRESS	1700 GULF BLVD.	
CITY - ST - ZIP	BELLEAIR SHORES, FL 33786	
TITLE	D	
NAME	POWELL, MARY ANN	
STREET ADDRESS	1700 GULF BLVD.	
CITY - ST - ZIP	BELLEAIR SHORES, FL 33786	DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	LARSON, ROGER A	
STREET ADDRESS	911 CHESTNUT STREET	
CITY - ST - ZIP	CLEARWATER, FL 33756	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		DO NOT WRITE IN THIS SPACE
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)(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: <u><i>Bernard F. Powell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/12/04</u> Daytime Phone: <u>727 595-9471</u>



04012004 No Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-3575091	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	