

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90409 028 ****70.00

DOCUMENT # N99000003048

1. Entity Name
VOTUM FOUNDATION, INC.



Principal Place of Business
PO BOX 832
LAKE WALES, FL 33859

Mailing Address
PO BOX 832
LAKE WALES, FL 33859



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3580800

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L ESQ.
500 SOUTH FLORIDA AVE.
SUITE 800
LAKE LAND, FL 33801

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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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
MAXWELL, LAWRENCE W
500 S. FLORIDA AVE. SUITE 700
LAKE LAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
MAXWELL, ANITA K
500 S. FLORIDA AVE. SUITE 700
LAKE LAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MAXWELL, LAWRENCE T
500 S FLORIDA AVE. SUITE 700
LAKE LAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DROST, AMANDA R
500 S FLORIDA AVE. SUITE 700
LAKE LAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FALK, BENJAMIN D
500 S FLORIDA AVE. SUITE 700
LAKE LAND, FL 33801

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)(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 receive 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 all other lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

803-647-1581

Lawrence W. Maxwell