

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90313 008 \*\*\*\*61.25

<b>DOCUMENT # N99000003474</b>			
<b>1. Entity Name</b> THE PRIDE FOUNDATION, INC.			
<b>Principal Place of Business</b> 336 SPANISH RIVER BLVD NW BOCA RATON, FL 33432		<b>Mailing Address</b> 336 SPANISH RIVER BLVD NW BOCA RATON, FL 33432	
<b>2. Principal Place of Business</b> 3360 SPANISH RIVER NW		<b>3. Mailing Address</b> 3360 SPANISH RIVER NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FLA		City & State BOCA RATON, FLA	
Zip 33431		Zip 33431	
<b>6. Name and Address of Current Registered Agent</b>  MACLAREN, LINDA O 798 SO. FEDERAL HIGHWAY 100 BOCA RATON, FL 33432		<b>7. Name and Address of New Registered Agent</b> Name: Bryan Rentas Street Address (P.O. Box Number is Not Acceptable): 360 SPANISH RIVER BLVD NW City: BOCA RATON FL Zip Code: 33431	
<b>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.</b>  SIGNATURE: <u>Bryan Rentas</u> DATE: <u>4-8-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREECE, DARA L 336 SPANISH RIVER BLVD.N.W. BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANTON, THOMAS M 336 SPANISH RIVER BLVD.N.W. BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPINS, SOFIA D 336 SPANISH RIVER BLVD.N.W. BOCA RATON, FL 33431	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTON HENDER 338 SPANISH RIVER BLVD NW BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH HENDER 338 SPANISH RIVER BLVD NW BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 like empowered.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> DATE: <u>4/8/04</u> DAYTIME PHONE: <u>561.416.9137</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			