2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003892

1. Entity Name
THE NESTA O. MAGNUSON FOUNDATION, INC.

Principal Place of Business	Mailing Address
3900 CLARK RD BLDG R LAKESHORE VILLAGE PLAZA SARASOTA, FL 34233	3900 CLARK RD BLDG R LAKESHORE VILLAGE PLAZA SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

02012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-6800888
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAGNUSON, DUANE C
3900 CLARK ROAD
BLDG R
SARASOTA, FL 34233

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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 _____ DATE
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

U00000094193
03/22/04-80049-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAGNUSON, DUANE C
STREET ADDRESS	3900 CLARK RD BLDG R
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SD
NAME	PEDICINI, CARMEN O
STREET ADDRESS	2452 CALAMONGA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	TD
NAME	SCHNEIDER, FRED C
STREET ADDRESS	22 S TUTTLE AVE STE 2
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	RUSSO, NESTA J
STREET ADDRESS	6742 OAK MANOR DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Duane C. Magnuson DUANE C. MAGNUSON 8MAR04 941-923-7489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #