

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

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000007555

1. Entity Name

THE S.C. BATTAGLIA FAMILY FOUNDATION, INC.



Principal Place of Business

250 SOUTH PARK AVENUE  
SUITE 630  
WINTER PARK, FL 32789

Mailing Address

P.O. BOX 3010  
WINTER PARK, FL 32790-3010



04052004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3614335

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BATTAGLIA, W.P.  
250 SOUTH PARK AVENUE  
SUITE 630  
WINTER PARK, FL 32789

**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

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  
DP  
BATTAGLIA, W.P.  
P.O. BOX 3010  
WINTER PARK, FL 32790

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
BATTAGLIA, R.E.  
P.O. BOX 3010  
WINTER PARK, FL 32790

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASD  
BUTTS, ANSLEY B  
P.O. BOX 3010  
WINTER PARK, FL 32790

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000152959  
05/04/04-80107-005 61.25

**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:

*W.P. Battaglia*

W.P. Battaglia, President 4/30/04 407-622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 1700