## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **Secretary of State** DOCUMENT # P01000035058 06-04-2004 90003 015 \*\*\*150.00 NORDIS FUNDRAISING, INC. Principal Place of Business Mailing Address 4401 NW 124TH AVE: 4401 NW 124TH AVE. 54056736 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Büsiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222003 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1101340 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINBERG, ESQ., STEVEN A Street Address (P.O. Box Number is Not Acceptable) FRANK, WEINBERG & BLACK, PL 7805 SW SIXTH CT. PLANTATION, FL 33324 City Zip Code 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 arginature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S.,,the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ime ☐ Delete TITLE ☐ Change NAME BEDFORD, HENRY NAME 1501 S. UNIVERSITY DRIVE NW 124th ME. STREET ADDRESS STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIP Springs, FL 33065 ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

Jun 04, 2004 8:00 am