

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000019572

**FILED**  
**Apr 17, 2004**  
**Secretary of State**

**Entity Name:** ALONZO MOURNING FOUNDATION, INC.

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
SUITE M-103  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330110  
COCONUT GROVE, FL 33233 US

**New Mailing Address:**

**FEI Number:** 65-0777544      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAMENESH, PETER Z  
3225 AVIATION AVE  
#700  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MOURNING, ALONZO  
Address: 3525 ANCHORAGE WAY  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DV ( ) Delete  
Name: FURST, ALLEN S  
Address: 3540 ROYAL PALM AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALONZO H MOURNING, JR.

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04/17/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date