

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

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 015 ****70.00

DOCUMENT # 718090

1. Entity Name
LA AMISTAD FOUNDATION, INC.



Principal Place of Business
**8400 LA AMISTAD COVE
FERN PARK, FL 32730 US**

Mailing Address
**8400 LA AMISTAD COVE
FERN PARK, FL 32730**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1300982

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOOTH, HELEN
2212 AZALEA PLACE
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	D
NAME	NIES, PERRY
STREET ADDRESS	30 MAITLAND GROVE
CITY-ST-ZIP	MAITLAND, FL 32851
TITLE	D
NAME	WOODRUFF, BRUCE
STREET ADDRESS	3101 MAGUIRE BLVD.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	C
NAME	RIMMER, LINDA
STREET ADDRESS	7531 S ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	T
NAME	DUCHENE, TOM
STREET ADDRESS	5404 SILVER STAR ROAD
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	WILLIAMS, TERESA
STREET ADDRESS	679 MINNESOTA AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	KUYKENDALL, LINDY
STREET ADDRESS	1251 MILLER AVE. STE A
CITY-ST-ZIP	WINTER PARK, FL 32789

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #