


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N16667
 1. Entity Name
 1000 FRIENDS OF FLORIDA, INC.



Principal Place of Business
 926 E PARK AVENUE
 TALLAHASSEE, FL 32301 US

Mailing Address
 P.O. BOX 5948
 TALLAHASSEE, FL 32314-5948 US

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2761163 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTISON, CHARLES G
 926 EAST PARK AVENUE
 TALLAHASSEE, FL 32301

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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

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	PATTISON, CHARLES G
STREET ADDRESS	926 E PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	P
NAME	JACKSON, TIMOTHY
STREET ADDRESS	33 EAST PINE ST.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VP
NAME	STROUD, NANCY
STREET ADDRESS	3111 STIRING RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	WATTS, ALLEN C
STREET ADDRESS	P.O. BOX 2491
CITY-ST-ZIP	DAYTONA BEACH, FL 3215-491
TITLE	TD
NAME	CUTRIGHT, STEPHEN
STREET ADDRESS	2846-A MITCHAM DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000009157
 01/20/04-80034-011 \$1.25

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: Charles Pattison Charles Pattison 1.13.04 850-222-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #