

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90027 044 ****70.00

DOCUMENT # 701745

1. Entity Name
QUANTUM FOUNDATION, INC.



Principal Place of Business
**505 SOUTH FLAGLER DRIVE
SUITE 220
WEST PALM BEACH, FL 33401 US**

Mailing Address
**505 SOUTH FLAGLER DRIVE
SUITE 220
WEST PALM BEACH, FL 33401 US**

24001157



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0812783

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORBETT, JEANNETTE M
QUANTUM FOUNDATION, INC.
505 SOUTH FLAGLER DRIVE, SUITE 220
W. PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CORBETT, JEANNETTE M**
STREET ADDRESS **505 S. FLAGLER DR, STE 220**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **C** ☐ Change ☒ Addition
NAME **KEITH A. JAMES**
STREET ADDRESS **250 AUSTRALIAN AVE SOUTH #500**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VC TR** ☐ Delete
NAME **MOORE, STEPHEN C**
STREET ADDRESS **5757 LAKE WORTH RD**
CITY-ST-ZIP **GREENACRES, FL**

TITLE **VC** ☐ Change ☐ Addition
NAME **STEPHEN LEVIN**
STREET ADDRESS **44 COCONUT ROW, T-8**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **TR** ☐ Delete
NAME **MEYER, WILLIAM A**
STREET ADDRESS **1601 BELVEDERE ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR VC** ☐ Delete
NAME **MCNICHOLAS, ANTHONY**
STREET ADDRESS **515 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **KINTZ, JAMES P**
STREET ADDRESS **190 ATLANTIS BLVD.**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☒ Delete
NAME **FALK, MARSHALL MD**
STREET ADDRESS **3120 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Jeannette M. Corbett **JEANNETTE M. CORBETT**
PRESIDENT

Date

Daytime Phone #

561.832.7497