


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 724567
 1. Entity Name
 DRY PALMS FOUNDATION, INC.



Principal Place of Business 1251 LAMAR ROAD N FT MYERS, FL 33903	Mailing Address 1251 LAMAR ROAD N FT MYERS, FL 33903
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01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7292092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARKS, CHARLES A
 211 KINGSTON DRIVE
 FORT MYERS, FL 33905

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, KIRSTEN 15556 CRYSTAL LAKE DR N. FT MYERS, FL 33918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, DALE 16500 SLATER ROAD N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, JOHN J 1031 SE 9TH ST #3 CAPE CORAL, FL 33900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, LAVONNE 3460 N KEY DRIVE FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUDEN, RITA 2135 VIRGINIA AVE UNIT 4 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARKS, CHARLES A 211 KINGSTON DRIVE FORT MYERS, FL 33905

000000010720
 01/23/04-80007-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 A. Starks 1/18/04 239-694-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #