

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90014 025 ****61.25



DOCUMENT # N00000003858

1. Entity Name

BESSIE PERRY GARRETT FOUNDATION INC.

Principal Place of Business

1130 100TH STREET #1
BAY HARBOR ISLAND FL 33154

Mailing Address

1130 100TH STREET #1
BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

10275 COLLINS AVE

Suite, Apt. #, etc.
SUITE 817

City & State
BAL HARBOR, FL

Zip
33154

Country
USA

3. Mailing Address

10275 COLLINS AVE

Suite, Apt. #, etc.
SUITE 817

City & State
BAL HARBOR

Zip
33154

Country
USA



MOORE

CR2E037 (4/04)

4. FEI Number

65-1016314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRETT, BESSIE P
1130 100TH STREET #1
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent

Name **GARRETT, BESSIE P.**

Street Address (P.O. Box Number is Not Acceptable)
10275 COLLINS AVENUE

SUITE 817

City **BAL HARBOR**

FL

Zip Code
33154

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

FILE NOW: FEE IS \$61.25
Due By September 8, 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

TITLE **PD** Delete
NAME **GARRETT, BESSIE PERRY**
STREET ADDRESS **1130 100TH STREET #1**
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE **VPD** Delete
NAME **EVANS, ANTHONY**
STREET ADDRESS **1130 100TH STREET #1**
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE **SD** Delete
NAME **JACKSON, YVONNE**
STREET ADDRESS **1650 NW 57 ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **TD** Delete
NAME **RUPP, STEPHANIE**
STREET ADDRESS **7103 S.W. 115 PLACE #G**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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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: Stephanie Rupp **STEPHANIE RUPP**

8/25/04 (305) 596-5741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #