


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

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000005864  
 1. Entity Name  
 SUSAN APPLEBAUM CHILDREN'S ART SCHOLARSHIP



Principal Place of Business 1764 NORTH CONGRESS AVENUE 200 WEST PALM BEACH, FL 33409	Mailing Address 1764 NORTH CONGRESS AVENUE 200 WEST PALM BEACH, FL 33409
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 71-0897273	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  
 STEIN, MIMI E CPA  
 1764 N CONGRESS AVE  
 200  
 WEST PALM BEACH, FL 33409

**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 \_\_\_\_\_ (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 APPLEBAUM, SUSAN 21698 OLD RIDGE TR BOCA RATON, FL 33428
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U00000080774  
 03/08/04-80122-019 61.25

**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)(f), 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: *Susan Applebaum*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/4/04 Daytime Phone #: 561-852-6883