2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# N02000007902

Entity Name: RAPB FOUNDATION, INC.

Current Principal Place of Business:

1926 10TH AVE NORTH
SUITE 410
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

1926 10TH AVE NORTH
SUITE 410
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 16-1633067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, J. RICHARD
4400 PGA BLVD STE 800
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PINSON, JOHN
Address: 340 ROYAL POINCIANA WAY #320
City-St-Zip: PALM BEACH, FL 33480

Title: TD ( ) Delete
Name: GOLDSTEIN, ROBERT
Address: 614B BZNYAN TR
City-St-Zip: BOCA RATON, FL 33431

Title: SD ( ) Delete
Name: COZART, WILLIAM
Address: 1926 10 AVE N STE 410
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: KINZLER, TIMOTHY
Address: 1185 E. ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: V/D (X) Change ( ) Addition
Name: BARBAR, ANDREW
Address: 150 E PAMETTO PK RD #525
City-St-Zip: BOCA RATON, FL 33432

Title: ST/D (X) Change ( ) Addition
Name: COZART, WILLIAM
Address: 1926 10 AVE N STE #410
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E COZART ST/D 01/08/2004

Electronic Signature of Signing Officer or Director — Date