
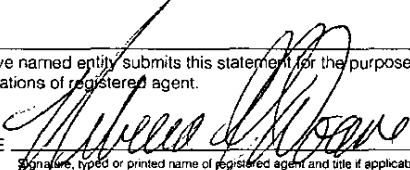
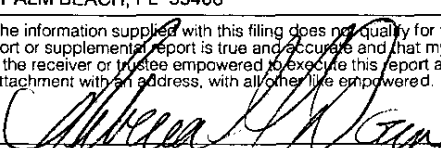


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90004 042 ****61.25

DOCUMENT # N94000000802			
1. Entity Name MARGARET A. GUISTETTI PALM BEACH CHAPTER DAR FOUNDATION, INC.			
Principal Place of Business 2000 PDA BLVD. 2000 <u>PGA Blvd</u> PA SUITE 4410 NORTH PALM BEACH, FL 33408		Mailing Address 2000 PDA BLVD. 2000 <u>PGA Blvd</u> SUITE 4410 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business c/o Doane + Doane, PA. Suite, Apt. #, etc. 2000 <u>PGA Blvd, STE 4410</u> City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DOANE, REBECCA G JONES, FOSTER, JOHNSTON & STUBBS, P.A. 505 S. FLAGLER DR., #1100 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: Rebecca G. Doane Street Address (P.O. Box Number is Not Acceptable): c/o Doane + Doane PA 2000 <u>PGA Blvd, Ste 4410</u> City: <u>North Palm Beach</u> FL Zip Code: <u>33408</u>	
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: 		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: D	NAME: DOANE, REBECCA G	TITLE: DOANE, Rebecca	NAME: DOANE, Rebecca
STREET ADDRESS: 505 S. FLAGLER DRIVE, #1100	CITY-ST-ZIP: WEST PALM BEACH, FL 33401	STREET ADDRESS: 2000 <u>PGA Blvd, STE. 4410</u>	CITY-ST-ZIP: <u>North Palm Beach, FL 33408</u>
TITLE: D	NAME: PRICE, AILENE W		
STREET ADDRESS: 311 COCOANUT ROW	CITY-ST-ZIP: PALM BEACH, FL 33480		
TITLE: P	NAME: SHEPHERD, NANCY A MRS.		
STREET ADDRESS: 1902 NOTRE DAME DRIVE	CITY-ST-ZIP: LAKE WORTH, FL 334606349		
TITLE: S	NAME: MORGAN, MARIAN MRS.		
STREET ADDRESS: 9 SLASH PINE VILLA, DELRAY DUNES	CITY-ST-ZIP: BOYNTON BEACH, FL 33436		
TITLE: D	NAME: MITCHELL, WILLIAM F MRS.		
STREET ADDRESS: 4766 S. LAKE DRIVE	CITY-ST-ZIP: BOYNTON BEACH, FL 33436		
TITLE: VP	NAME: VECELLIO, KATHRYN C MRS.		
STREET ADDRESS: 771 VILLAGE ROAD	CITY-ST-ZIP: NORTH PALM BEACH, FL 33408		
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 true empowered.			
SIGNATURE: 		Date: 1-27-04 Daytime Phone #: 561 656-0200	