


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

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002091 1. Entity Name THE CALVIN AND MARISSA ALLEN FOUNDATION, INC.	
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Principal Place of Business 979 BEACHLAND BLVD VERO BEACH, FL 32963	Mailing Address 979 BEACHLAND BLVD VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3325134	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 FENNELL, TODD W 979 BEACHLAND BLVD VERO BEACH, FL 32963	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLEN, CALVIN R 642 OCEAN ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASTERSON, GEORGE 642 OCEAN ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDAS, PANOS 642 OCEAN ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPRE, NORMAN 642 OCEAN ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/04-80010-007 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: <u>Calvin R. Allen</u>  <u>1/15/04</u>	Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	