


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

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002142</b> 1. Entity Name VALLEY FOUNDATION, INC.	
---	---

Principal Place of Business 300 S. OCEAN BLVD., APT. 3-A PALM BEACH, FL 33480	Mailing Address 300 S. OCEAN BLVD., APT. 3-A PALM BEACH, FL 33480
---	---



01092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-6167197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  GART, DAVID A 250 AUSTRALIAN AVE. SOUTH SUITE 500 WEST PALM BEACH, FL 33401
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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: Carol O Collins January 9, 2004  
Signature, typed or printed name of registered agent and title if applicable (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 COLLINS, JAMES 12384 MERRIWOOD DR SOMERSET, VA 22972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CAROL O 300 S. OCEAN BLVD., APT. 3-A PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, BRADLEY JR. 1021 PARK AVE., APT. 4C NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000002961 01/13/04-80036-002 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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: Carol O. Collins January 9, 2004 561-832-6699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #