


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

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90050 021 \*\*\*\*61.25

44002781



DOCUMENT # N96000006358					
1. Entity Name THE GALBRAITH FOUNDATION, INC.					
Principal Place of Business ONE BEACH DRIVE STE 1802 ST PETERSBURG, FL 33701			Mailing Address ONE BEACH DRIVE STE 1802 ST PETERSBURG, FL 33701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3418869	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISHER & SAULS PA 100 2ND AVE. SOUTH STE 701 ST. PETERSBURG, FL 33701			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALBRAITH, JOHN W.		NAME	University Village #1604 22903	
STREET ADDRESS	ONE BEACH DRIVE STE 1802		STREET ADDRESS	500 Crestwood Dr., Charlottesville, VA /	
CITY - ST - ZIP	ST PETERSBURG, FL		CITY - ST - ZIP		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALBRAITH, ROSEMARY P.		NAME	University Village #1604	
STREET ADDRESS	ONE BEACH DRIVE STE 1802		STREET ADDRESS	500 Crestwood Dr, Charlottesville, VA 22903	
CITY - ST - ZIP	ST PETERSBURG, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, RACHEL L		NAME		
STREET ADDRESS	2362 GLEN ECHO FARM		STREET ADDRESS		
CITY - ST - ZIP	CHARLOTTESVILLE, VA 2911		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALBRAITH, REBECCA L		NAME		
STREET ADDRESS	2561 NOVEMBER HILL FARM		STREET ADDRESS		
CITY - ST - ZIP	KESWICK, VA 22947		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 like empowered.					
SIGNATURE: <i>John W Galbraith</i>			January 16, 2004 727-823-2578		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		