


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003330

1. Entity Name
 CAPE ELEUTHERA FOUNDATION, INC.



Principal Place of Business
 50 W MASHTA DR #5
 KEY BISCAYNE, FL

Mailing Address
 PO BOX 5910
 PRINCETON, NJ 08543-5910

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1591503	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

BEALL, KENNETH J JR
 777 S FLAGLER DR STE 500 E
 WEST PALM BCH, FL 33401

DO NOT WRITE IN THIS SPACE

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 _____ (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

000000085103
 03/11/04-80034-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, KENNETH S JR 777 S FLAGLER DR STE 500E WEST PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, FRASIER JR 660 LINTON BLVD STE 207 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, DAVID W 201 MONROE AVE NW STE 500 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXEY, CHRISTOPHER B P O BOX 6008 N/A LAWRENCEVILLE, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTTAL BT, NICHOLAS P O BOX N7776 N/A NASSAU NEW PROVINCENCE BHAMAS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWISS, JOHN J JR 901 TURKEY RUN ROAD MCLEAN, VA 22101

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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: *[Signature]* 3/8/04 (609) 452-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #