


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003330
 1. Entity Name
CAPE ELEUTHERA FOUNDATION, INC.



Principal Place of Business Mailing Address
50 W MASHTA DR #5 **PO BOX 5910**
KEY BISCAIYNE, FL **PRINCETON, NJ 08543-5910**

DO NOT WRITE IN THIS SPACE



02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
31-1591503 Not Applicable

5. Certificate of Status Desired **\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

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

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U00000258003
 03/10/05-80025-007 61.25

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: Christopher B. Maxey Date: 2/18/05 Daytime Phone #: (609) 452-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR