


**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**



02182005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1591503**      Applied For  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 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

U00000258003  
 03/10/05-80025-007 61.25

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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)(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