2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005650

FILED Apr 29, 2004 Secretary of State

Entity Name: FOUNDATION FOR APPLIED MOLECULAR EVOLUTION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	. 4TH STREET ILLE, FL 32601				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX GAINESVI	13174 ILLE, FL 32604	ı			
FEI Number	: 59-3471957	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1501 N.W. GAINESVI The above	STEVEN A . 68TH TERRA ILLE, FL 32605 e named entity se e of Florida.	5 US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
		ic Signature of Registered Age		Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	EES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:		Delete /EN H TERRACE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () BENNER, STEV 1501 N.W. 68TI GAINESVILLE,	Delete I'EN H TERRACE FL 32605 Delete I/ERLY A H TERRACE	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () BENNER, STEV 1501 N.W. 68TI GAINESVILLE, D () SANDERS, BEV 1501 N.W. 68TI GAINESVILLE,	Delete /EN H TERRACE FL 32605 Delete /ERLY A H TERRACE FL 32605 Delete INIFER A IE WALK	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN BENNER D 04/29/2004