

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

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001375 1. Entity Name THE CARLOTA BUSCH WEBSTER FOUNDATION, INC.	
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Principal Place of Business C/O DANIEL A. HANLEY, ESQ. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401	Mailing Address C/O DANIEL A. HANLEY, ESQ. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401
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02122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0903440	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH, 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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**

1000000072919
03/02/04-80014-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, CARLOTA B 280 VILA MARILA PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUHL, KAREN F 401 OAKLAWN SOUTH PASADENA, CA 91030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'KANE, KATHLEEN F 3185 NORTH MORENGO ALTADENA, CA 91011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLANIGAN, MICHAEL M 10437 CEMENT HILL ROAD NEVADA CITY, CA 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLEY, DANIEL A 777 S FLAGLER DRIVE SUITE 500 E WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Carloita Busch Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12 2004 ⁵⁶¹ 8451686
Date Daytime Phone #