


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90010 005 ****61.25

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|---|-----------------------------------|--|--|--|--|
| DOCUMENT # N99000002691 | | | |  | |
| 1. Entity Name THE SIX PILLAR FOUNDATION, INC. | | | | | |
| Principal Place of Business CHARLES IAN NASH/FRESE NA. & TORPY PA 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | | | Mailing Address CHARLES IAN NASH/FRESE NA. & TORPY PA 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3573979 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| NASH, CHARLES I 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | |
| | | | Zip Code | | |
| 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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TOY, JAMES W | | NAME | | |
| STREET ADDRESS | 930 S HARBOR CITY BLVD, SUITE 505 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOY, CLARE C | | NAME | | |
| STREET ADDRESS | 930 S HARBOR CITY BLVD, SUITE 505 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEWIS, BEVERLY K | | NAME | TOY, STEVEN C. | |
| STREET ADDRESS | 930 S HARBOR CITY BLVD, SUITE 505 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEWIS, WILLIAM G | | NAME | TOY, BRIAN D. | |
| STREET ADDRESS | 930 S HARBOR CITY BLVD, SUITE 505 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECHTEL, ROBERTA W | | NAME | | |
| STREET ADDRESS | 930 S HARBOR CITY BLVD, SUITE 505 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>James W. Toy</i> | | James W. Toy | | 4/1/04 321-984-1876 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |