


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90065 025 ****61.25

DOCUMENT # N01000004501 1. Entity Name ACCESS FOUNDATION CORPORATION	
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Principal Place of Business 1749 NE 26TH ST., SUITE F WILTON MANORS, FL 33305	Mailing Address 1749 NE 26TH ST., SUITE F WILTON MANORS, FL 33305
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-2336964	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

ZADEN, RICHARD ESQ.
~~1749 NE 26TH ST., SUITE F~~ *2850 N. Andrews Ave*
~~FT. LAUDERDALE, FL 33305~~ *Wilton Manors, FL 33311*

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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:  DATE: *1/29/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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 WARDELL, PHIL 1749 NE 26TH ST, SUITE F FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZADEN, RICHARD J 1749 NE 26TH ST, SUITE F FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEILER, JOHN P 2900 E. OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, PAUL 501 NE SPANISH CT BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, LARRY 1807 N ATLANTIC BLVD FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHEARN, MICHAEL 1749 NE 26TH ST, SUITE F FORT LAUDERDALE, FL 33305

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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)(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:  DATE: *1/29/04* DAYTIME PHONE #: *954 588 2122*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #