

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P31938</b>	
1. Entity Name AMERICA3 FOUNDATION INC.	



Principal Place of Business 1601 FORUM PLACE SUITE P-2 W PALM BEACH, FL 33401 US	Mailing Address 1601 FORUM PLACE SUITE P-2 W PALM BEACH, FL 33401 US
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**DO NOT WRITE IN THIS SPACE**

01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0212651	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST SUITE 105 TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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	C KOCH, WILLIAM, I 1601 FORUM PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SMITH, MICHAEL J 1601 FORUM PLACE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLAHAN, RICHARD P. 1601 FORUM PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP ROBINSON, BRAD 1601 FORUM PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSOW, DAVID A 1667 OLD POST RD. SOUTHPORT, CT 06490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIPLEY, ZACHARY 1601 FORUM PLACE WEST PALM BEACH, FL 33401

000000203306  
01/29/05-80026-002 61.25

**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)(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: 1/27/05 561-697-4300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #