


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 711636
 1. Entity Name
 THE GEORGE B. STORER FOUNDATION, INC.



Principal Place of Business Mailing Address
 1108 VENETIAN BLVD PO BOX 1907
 ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 US

DO NOT WRITE IN THIS SPACE



02152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6136392	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
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
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 MICHAELS, BILL 154 MANCHESTER WAY SAN ANTONIO, TX 78231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STORER, JAMES P 1629 BERKSHIRE RD GATE MILLS, OH 44040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STORER, PETER P.O. BOX 1270 N/A SARATOGA, WY 82331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/21/04-80001-014 61.25

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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)(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 empowerments.

SIGNATURE:  2-17-04 (307) 326-8308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #