


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90103 049 \*\*\*\*61.25

<b>DOCUMENT # 722545</b>	
<b>1. Entity Name</b> LOXAHATCHEE RIVER HISTORICAL SOCIETY, INC.	

<b>Principal Place of Business</b> 805 N. U.S. HWY. ONE JUPITER FL 33477-3213	<b>Mailing Address</b> 805 N. U.S. HWY. ONE JUPITER FL 33477-3213 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 23-7448343	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
WALKER, SHARON 315 RIVER DR JUPITER FL 33469

<b>7. Name and Address of New Registered Agent</b>
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.

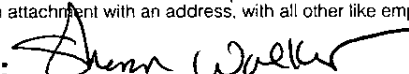
<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete
<b>NAME</b>	NALL-WORSHAM, SARAH
<b>STREET ADDRESS</b>	9341 SE MYSTIC COVE TERR
<b>CITY-ST-ZIP</b>	HOBE SOUND FL 33455
<b>TITLE</b>	<b>TD</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	GANTER, ERIN
<b>STREET ADDRESS</b>	211 GREEN POINT CIRCLE
<b>CITY-ST-ZIP</b>	WEST PALM BEACH FL 33418
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	WALKER, SHARON
<b>STREET ADDRESS</b>	315 RIVER DR
<b>CITY-ST-ZIP</b>	TEQUESTA FL 33469
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	JARSKI, CHRIS
<b>STREET ADDRESS</b>	725 N. A1A, #C-108
<b>CITY-ST-ZIP</b>	JUPITER, FL 33477
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**  Sharon Walker **04/19/04 561-747-6639**

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