


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90048 004 \*\*\*\*61.25

<b>DOCUMENT # 753424</b> 1. Entity Name <b>HARCOURT M. AND VIRGINIA W. SYLVESTER FOUNDATION, INC.</b>					
Principal Place of Business <b>500 SOUTH OCEAN BLVD PALM BEACH, FL 33480</b>			Mailing Address <b>C/O FIRST NATIONAL IN PALM BEACH 255 S COUNTY RD PALM BEACH, FL 33480 US</b>		
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 <b>59-2018824</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02242005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>MALFITANO, JAYNE S 2323 ARECA PALM ROAD BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVESTER, HARCOURT M. <input checked="" type="checkbox"/> Delete 500 S OCEAN BLVD PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marc Malfitano <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4248 Makyes Road Syracuse, NY 13215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILPATRICK, NEVIN B <input type="checkbox"/> Delete 824 VIA TUSCANA WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINUS, JAMES J <input type="checkbox"/> Delete 1281 BANYAN RD BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MALFITANO, JAYNE <input type="checkbox"/> Delete 2323 ARECA PALM RD BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMERON, LAURA <input type="checkbox"/> Delete 5022 NW 82 TERRACE POMPANO BEACH, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Jayne S Malfitano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/05 <i>561-820-1218</i> <small>Date Daytime Phone #</small>		