



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90090 018 ****61.25

DOCUMENT # 761458 1. Entity Name FLORIDA NARAL, INC.																																																																																																								
Principal Place of Business P.O. BOX 4321 WEST PALM BEACH, FL 33402			Mailing Address P.O. BOX 4321 WEST PALM BEACH, FL 33402																																																																																																					
2. Principal Place of Business 18680 Lake Bend Dr.		3. Mailing Address 18680 Lake Bend Dr.																																																																																																						
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01192004 Chg-NP CR2E037 (10/03)																																																																																																				
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 59-2169503																																																																																																				
Zip 33458		Country USA		Applied For <input type="checkbox"/> Not Applicable																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																						
6. Name and Address of Current Registered Agent RANCE-HOFFMAN, ROBIN 1607 16TH TERRACE PALM BCH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																								
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																				
Make check payable to Florida Department of State																																																																																																								
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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: <u>Joyce L. Elden</u> <u>Joyce L. Elden</u> <u>4/18/04</u> <u>(561) 743-4491</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																								