

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2004
Secretary of State**

DOCUMENT# 805350

Entity Name: ARCHBOLD EXPEDITIONS

Current Principal Place of Business:

330 ISLAND ROAD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

330 ISLAND ROAD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 23-6400408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUFTY, FRANCES A
330 ISLAND ROAD
WEST PALM BCH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LOVE, LELA PORTER.
Address: 266 W 77TH STREET APT. #5
City-St-Zip: NEW YORK, NY

Title: CD () Delete
Name: HUFTY, FRANCES A,
Address: 330 ISLAND ROAD
City-St-Zip: PALM BEACH, FL

Title: TD () Delete
Name: ATUCHA, SEBASTIAN
Address: 340 BRANNAN ST STE 403
City-St-Zip: SAN FRANCISCO, CA 94107

Title: D () Delete
Name: LLOYD-GEORGE, DONNA
Address: 346 CRESCENT DR
City-St-Zip: PALM BCH, FL

Title: PD () Delete
Name: HUFTY, MARY P MD
Address: 257 MAPACHE DR
City-St-Zip: PORTOLA VALLEY, CA

Title: D () Delete
Name: ROOT, RICHARD
Address: 41 PROSPECT ST
City-St-Zip: NY, NY 14886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES A. HUFTY

CD

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date