

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000978

FILED
Feb 17, 2004
Secretary of State

Entity Name: PHILIPPE COUSTEAU FOUNDATION, INC.

Current Principal Place of Business:

5600 U.S. 1 NORTH
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

PO BOX 3719
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 95-4789334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUSTEAU, JANICE
5600 U.S. 1 NORTH
FORT PIERCE, FL 34946 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: PM () Delete
Name: COUSTEAU, PHILIPPE
Address: 5600 US 1 NORTH
City-St-Zip: FORT PIERCE, FL

Title: VC () Delete
Name: BUCKLEY, GEORGE
Address: 81 BRATTLE ST.
City-St-Zip: CAMBRIDGE, MA

Title: M () Delete
Name: SUMIAN, DOMINIQUE
Address: 1695 ROBIN PLACE
City-St-Zip: CARLSBAD, CA 92009

Title: T () Delete
Name: COUSTEAU, JANICE
Address: 5600 U.S. 1 NORTH
City-St-Zip: FORT PIERCE, FL

Title: M () Delete
Name: COUSTEAU, ALEXANDRA
Address: PO BOX 3717
City-St-Zip: VERO BEACH, FL 32964

Title: C () Delete
Name: CHALK, JACK
Address: PO BOX 88
City-St-Zip: BONAIRE, NE KRALENDUK

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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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: JANICE COUSTEAU

T

02/17/2004

Electronic Signature of Signing Officer or Director

Date