

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004888

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** CHAD AND RHONE MCCALL FOUNDATION, INC.

**Current Principal Place of Business:**

240 S.E. SPANISH TRAIL  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

240 S.E. SPANISH TRAIL  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 20-0094159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCALL, CHAD  
240 S.E. SPANISH TRAIL  
BOCA RATON, FL 33432

**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:** PCT ( ) Delete  
**Name:** MCCALL, CHAD  
**Address:** 240 S.E. SPANISH TRAIL  
**City-St-Zip:** BOCA RATON, FL 33432

**Title:** SD ( ) Delete  
**Name:** MCCALL, RHONE  
**Address:** 240 S.E. SPANISH TRAIL  
**City-St-Zip:** BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** CHAD MCCALL

PCT

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date