2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005000

1. Entity Name
THE CAPSTONE FOUNDATION, INC.

Principal Place of Business	Mailing Address
284 ROSE ADMINISTRATION BUILDING BOX 870122 TUSCALOOSA, AL 35487-0122	284 ROSE ADMINISTRATION BUILDING BOX 870122 TUSCALOOSA, AL 35487-0122

DO NOT WRITE IN THIS SPACE

07122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7337238
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	WITT, ROBERT E
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	DVC
NAME	KENNEDY, KERRY L
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	D
NAME	Whetstone, Pat
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	D
NAME	HULSEY, WILLIAM
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	D
NAME	OLIVER, JOHN
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122
TITLE	MIRE
NAME	E, KATHRYN
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING
CITY-ST-ZIP	TUSCALOOSA, AL 354870122

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08/02/04-80015-018 61.25

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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: Pat Whetstone July 19, 2004 205 348 4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #