## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F03000005000

1. Entity Name

THE CAPSTONE FOUNDATION, INC.



Principal Place of Business

284 ROSE ADMINISTRATION BUILDING

BOX 870122

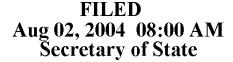
TUSCALOOSA, AL 35487-0122

Mailing Address

284 ROSE ADMINISTRATION BUILDING

BOX 870122

TUSCALOOSA, AL 35487-0122





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

HULSEY, WILLIAM

OLIVER, JOHN

E, KATHRYN

MIRE

284 ROSE ADMINISTRATION BUILDING

284 ROSE ADMINISTRATION BUILDING

284 ROSE ADMINISTRATION BUILDING

TUSCALOOSA, AL 354870122

TUSCALOOSA, AL 354870122

## DO NOT WRITE

TALLAMASSEE, FL 32301			IN THIS SPACE		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and to	tte it applicable [NOTE, Registered A	gent signature	required when rainstating)	DATE
Đ	Filing Fee is \$61.25 ue by September 8, 2004	Election Campaign Financi     Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
10.	0. OFFICERS AND DIRECTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WITT, ROBERT E 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122		000000169221 08/02/04-80015-018 61.25		
NITLE NAME STREET ADDRESS CNTY-ST-ZIP	DVC KENNEDY, KERRY L 284 ROSE ADMINISTRATION BUILDING TUSCALOOSA, AL 354870122				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	254 / 1662 / 15/11/11/16/14 56/15/11/6			DO	NOT WRITE
TOTALE	5	<del></del>		N IN E	THE CHACE

IN THIS SPACE

TUSCALOOSA, AL 354870122 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutés. 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:

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-ST-ZIP