


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000003559</b>	
1. Entity Name <b>JOSEPH D. HARNETT FOUNDATION, CORP.</b>	

Principal Place of Business <b>4400 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>4400 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33410</b>
------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>34-1532957</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent  <b>MOORE, BECKY B 4400 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS, FL 33410</b>
-------------------------------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------------	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARNETT, JOSEPH D 11090 TURTLE BEACH ROAD NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARNETT, NANCY B 11090 TURTLE BEACH ROAD NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARNETT, GORDON D 3650 GREENWOOD DRIVE PEPPER PIKE, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000085534  
03/11/04-80051-020 61.25

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.

<b>SIGNATURE:</b> 	<b>3/9/04</b> Date	<b>561-622-5163</b> Daytime Phone #
-------------------------------------------------------------------------------------------------------	-----------------------	----------------------------------------