


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004256		
1. Entity Name JOSEPH & MABEL PELUSO CHARITABLE FOUNDATION, INC.		
Principal Place of Business C/O BUTZEL LONG, P.C. 1200 NORTH FEDERAL HWY., SUITE 420 BOCA RATON, FL 33432	Mailing Address C/O BUTZEL LONG, P.C. 1200 NORTH FEDERAL HWY., SUITE 420 BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAYMOND, JOHN J JR. C/O BUTZEL LONG, P.C. 1200 NORTH FEDERAL HWY., SUITE 420 BOCA RATON, FL 33432		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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELLERS, JOLYN H 5355 TOWN CENTER RD., SUITE 600 BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURAN, NANCY R 218 SAN PAULO CIRCLE WEST MELBOURNE, FL 329044048	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PELUSO, ANTHONY D P.O. BOX 135 TRENTON, MI 48183	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>John H. Sellers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/14/04</u> <u>561-394-7591</u> <small>Date Daytime Phone #</small>



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1072719	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/16/04-80057-024 61.25

**DO NOT WRITE
IN THIS SPACE**