

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006337

FILED
May 04, 2004
Secretary of State

Entity Name: THE GINA BONER FOUNDATION, INC.

Current Principal Place of Business:

2 SHANNON CIR
W PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

2 SHANNON CIR
W PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0969466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JENNIFER
2 SHANNON CIR
W PALM BEACH, FL 33401

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: D () Delete
Name: BONER, NEIL
Address: 2 SHANNON CIR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SMITH, JENNIFER
Address: 2 SHANNON CIR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SMITH, GLENN D
Address: 6 SHANNON CIR
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JENNIFER K SMITH

D

05/04/2004

Electronic Signature of Signing Officer or Director

Date