2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008297

1. Entity Name
MILTON W. ARNOLD & JOSEPHINE SHORE FOUNDATION, INC.

Principal Place of Business	Mailing Address
250 VIA LINDA PALM BEACH, FL 33480	PO BOX 623 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1062582
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHORE, JOSEPHINE
250 VIA LINDA
PALM BEACH, FL 33480

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: Josephine Shore 07/06/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 2, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHORE, JOSEPHINE
STREET ADDRESS	P O BOX 17736
CITY-ST-ZIP	W. PALM BEACH, FL 33416
TITLE	D
NAME	ZMISTOWSKI, MARTHANN
STREET ADDRESS	8660 NASHUA DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	LOVELETT, FELICIA D
STREET ADDRESS	3324 DAMASCUS RD
CITY-ST-ZIP	BROOKVILLE, MD 208331209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000166005
07/13/04-80005-016 61.25

DO NOT WRITE IN THIS SPACE

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: Josephine Shore 07/07/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #