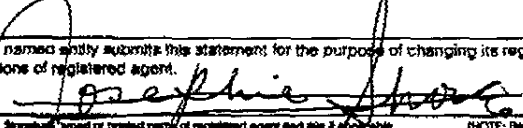
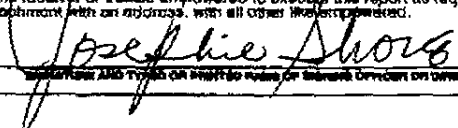


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 250 VIA LINDA PALM BEACH, FL 33480		Mailing Address 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
7. 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:  DATE: 07/06/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$61.25 Due by September 8, 2004		8. 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, MARTHA ANN	
STREET ADDRESS	8660 NASHUA DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33416	
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		
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 establishment with an address, with all other information required.		
SIGNATURE: 		DATE: 07/07/04

U00000166005
07/13/04-80005-016 61.25

**DO NOT WRITE
IN THIS SPACE**