
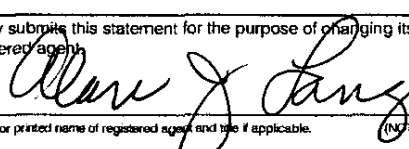
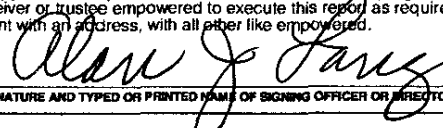


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90021 008 ****61.25

DOCUMENT # N01000000567 1. Entity Name COMMUNITY FOUNDATION NATIONAL ENDOWMENT FUNDS, INC.																																																																																																																																			
Principal Place of Business 5551 RIDGEWOOD DR. SUITE 201 NAPLES, FL 34108			Mailing Address 5551 RIDGEWOOD DR. SUITE 201 NAPLES, FL 34108																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		Zip																																																																																																																															
Country		Country		4. FEI Number 59-3695006																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD, STE 320 FT MYERS, FL 33919				7. Name and Address of New Registered Agent Name ALAN J. LANG Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DR. STE. 201 City NAPLES FL Zip Code 34108																																																																																																																															
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  DATE 1-7-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																																			
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																																																																																																																															
Make check payable to Florida Department of State																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"> PD LANG, ALAN J </td> <td style="width: 20%; padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">3991 GULF SHORE BLVD. NORTH, #503</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">NAPLES, FL 34103</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">TD</td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">MILLER, LORRI R</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">507 BROAD AVE. SOUTH</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAPLES, FL 34102</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">SD</td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">KELLY, SHAUNA</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">2585 105TH ST. NORTH</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">NAPLES, FL 34103</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	PD LANG, ALAN J	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	3991 GULF SHORE BLVD. NORTH, #503		NAME			STREET ADDRESS	NAPLES, FL 34103		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MILLER, LORRI R		NAME			STREET ADDRESS	507 BROAD AVE. SOUTH		STREET ADDRESS			CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP			TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KELLY, SHAUNA		NAME			STREET ADDRESS	2585 105TH ST. NORTH		STREET ADDRESS			CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																
TITLE	PD LANG, ALAN J	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	3991 GULF SHORE BLVD. NORTH, #503		NAME																																																																																																																																
STREET ADDRESS	NAPLES, FL 34103		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	MILLER, LORRI R		NAME																																																																																																																																
STREET ADDRESS	507 BROAD AVE. SOUTH		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP																																																																																																																																
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	KELLY, SHAUNA		NAME																																																																																																																																
STREET ADDRESS	2585 105TH ST. NORTH		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			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:  DATE 1-7-04 DAYTIME PHONE # 239-596-0944 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			