

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004985

FILED
Jan 06, 2004
Secretary of State**Entity Name:** PJ CALLAHAN FOUNDATION, INC.**Current Principal Place of Business:**1800 OLD OKEECHOBEE ROAD
#103
WEST PALM BEACH, FL 33409**New Principal Place of Business:****Current Mailing Address:**1800 OLD OKEECHOBEE ROAD
#103
WEST PALM BEACH, FL 33409**New Mailing Address:****FEI Number:** 01-0687604**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRATT, DAVID
2255 GLADES RD
SUITE 125A
BOCA RATON, FL 33431 US**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: FARLEY, LINDA R
Address: 66 N LAKESHORE DR
City-St-Zip: HYPOLUKO, FL 33462**Title:** D () Delete
Name: RASNAKE, CHRISTINE R
Address: 342 ALLISON WAY
City-St-Zip: WYCKOFF, NJ 07481**Title:** D () Delete
Name: CALLAHAN, CAROLYN M
Address: 8 PARK DR. SOUTH
City-St-Zip: RYE, NY 10580**Title:** D () Delete
Name: BURT, PATRICIA L
Address: 239 BARTON AVE.
City-St-Zip: PALM BEACH, FL 33480**Title:** () Delete
Name:
Address:
City-St-Zip:**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: SULLIVAN, DONALD
Address: 72-81 113TH STREET
City-St-Zip: FLUSHING, NY 11375

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: LINDA FARLEY

D

01/06/2004

Electronic Signature of Signing Officer or Director_____
Date