


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006516	
1. Entity Name THE HAROLD AND LORI CORRIGAN FOUNDATION, INC.	

Principal Place of Business 534 ISLAND DRIVE PALM BEACH, FL 33480	Mailing Address 534 ISLAND DRIVE PALM BEACH, FL 33480
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04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2281300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORRIGAN, LORI 534 ISLAND DRIVE PALM BEACH, FL 33480

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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 _____
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 May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000141626 04/30/04-80019-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, HAROLD F 534 ISLAND DRIVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, JASON T 6346 DRAKE STREET JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, LORI 534 ISLAND DRIVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANCEY, KIMBERLY T 230 CENTRAL PARK WEST NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Harold F. Corrigan* **HAROLD F. CORRIGAN** 4/24/04 561-833-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #