


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001372
 1. Entity Name
 SILVESTER FOUNDATION, INC.



Principal Place of Business 470 COLUMBIA DRIVE SUITE D-201 WEST PALM BEACH, FL 33409	Mailing Address 470 COLUMBIA DRIVE SUITE D-201 WEST PALM BEACH, FL 33409
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01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3678278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

PEREBOOM, DOUGLASS E
 470 COLUMBIA DRIVE
 SUITE D-201
 WEST PALM BEACH, FL 33409

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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 _____ (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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVESTER, ARTHUR W JR. 1990 N.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLTON, KATHY 1990 N.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREBOOM, DOUGLASS E 470 COLUMBIA DR., SUITE D201 W. PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMPSEY, W. GLENN 1990 N.E. OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVESTER, RENEE T 350 DEVONSHIRE WAY, APT. 3329 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/04-80094-020 61.25

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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: ARTHUR W. SILVESTER, JR. Date: 1.19.04 Daytime Phone #: 772.225.5499