


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
470 COLUMBIA DRIVE 470 COLUMBIA DRIVE
SUITE D-201 SUITE D-201
WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
04-3678278 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/02/05-80110-013 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)(f), 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: _____ **4-27-05** **772-225-5454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #