## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 12, 2004 8:00 am Secretary of State

DOOLII				
1. Entity Nam	A BRENNAN CENTER FOR			07-12-2004 90014 010 ****70.00
Principal Place 500 NE SPAN BOCA RATON	NISH RIVER BLVD SUITE 6	Mailing Address 500 NE SPANISH RIVER BOCA RATON, FL 3343		
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2 Principal P	lace of Business	3. Mailing Address		
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Suite, Apt.	# etc	Cuito Ant # ata		07063004
	Suite 208	5	Jite 208	
City & State		City & State		4. FEI Number Applied For 22-3881904 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
	<del></del>	, <del></del>	-Name-	
500 NE SP	I, BARBARA PANISH RIVER BLVD SUITE 6 TON, FL 33431		Street Ac	ddress (P.O. Box Number is Not Acceptable) Suite 208
			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
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CICNATURE	Diane Dudge	diane	- Leel	~ 7/6/UY
SIGNATURE.	Signature typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	
	- N-		, nogratares regard organic	ure required when reinstating) UATE
	j	reserve to the second		The second of th
Di	Filing Fee is \$61.25 due by September 8, 2004	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Make check payable to
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	Filing Fee is \$61.25 ue by September 8, 2004	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Make check payable to Florida Department of State
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12. I hereby certify that the information supplied with this filling 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 sustee 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 unit of address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BArbara A Brunan

1 04 54/-620-876