


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90031 040 ****61.25

DOCUMENT # N02000007531					
1. Entity Name GULFSTREAM FOUNDATION INC.					
Principal Place of Business 14135 COLLIER BLVD NAPLES, FL 34119			Mailing Address 14135 COLLIER BLVD NAPLES, FL 34119		
2. Principal Place of Business <i>6646 Willow Park Dr.</i>		3. Mailing Address <i>6646 Willow Park Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State			City & State		
Zip <i>34109</i>		Country		Zip <i>34109</i>	
Country		Country		4. FEI Number 52-2371388	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEEL, MICHAEL 14135 COLLIER BLVD NAPLES, FL 34119				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>1580 Ixora Dr.</i>	
				City	
				FL Zip Code <i>34102</i>	
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 <i>Michael Peel</i> (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
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEEL, MICHAEL			NAME	<i>1580 Ixora Dr.</i>
STREET ADDRESS	14880 INDIGO LAKES DR			STREET ADDRESS	<i>1580 Ixora Dr.</i>
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	<i>34102</i>
TITLE	D <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEEL, STEPHEN			NAME	
STREET ADDRESS	9099 THE LANE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, LETITIA			NAME	
STREET ADDRESS	14953 INDIGO LAKES DR			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Michael Peel</i> DATE Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

34020001



02172004 Chg-NP CR2E037 (10/03)

4. FEI Number 52-2371388 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1580 Ixora Dr.
 City
 FL Zip Code *34102*

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

TITLE	D <input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEEL, MICHAEL			NAME	<i>1580 Ixora Dr.</i>
STREET ADDRESS	14880 INDIGO LAKES DR			STREET ADDRESS	<i>1580 Ixora Dr.</i>
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	<i>34102</i>
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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: *Michael Peel* DATE Daytime Phone #