


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000007594</b> 1. Entity Name WYCLIFFE POA LEGAL FUND, INC.	
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-4508895	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fes Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GERSON, GARY N 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401
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**DO NOT WRITE  
IN THIS SPACE**

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. ☐

**\$5.00 May Be  
Added to Fees**

U00000104104  
04/05/04-80084-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, PAUL 4228 IMPERIAL CLUB LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, GAIL 4228 IMPERIAL CLUB LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASS, ROBERT C/O 4228 IMPERIAL CLUB LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Paul Horowitz* PAUL HOROWITZ

4/1/04 561-968-2926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Time Phone #