


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90311 041 \*\*\*\*61.25


<b>DOCUMENT #</b> N02000009929	
<b>1. Entity Name</b> MARTIN WEBB FOUNDATION INC.	

<b>Principal Place of Business</b> 953 NE 91 TERRACE MIAMI SHORES FL 33138	<b>Mailing Address</b> 953 NE 91 TERRACE MIAMI SHORES FL 33138
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<b>2. Principal Place of Business</b> MARTIN WEBB FOUNDATION Suite, Apt. #, etc. MIAMI SHORES	<b>3. Mailing Address</b> 953 NE 91 TERRACE Suite, Apt. #, etc.
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<b>City &amp; State</b> FLA	<b>City &amp; State</b>
<b>Zip</b> 33138	<b>Country</b> DADE

01000110



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 41-2072240	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> MARTIN, S A 953 NE 91 TERRACE MIAMI SHORES FL 33138	<b>7. Name and Address of New Registered Agent</b> Name: S.A. MARTIN Street Address (P.O. Box Number is Not Acceptable) 953 N.E. 91 TERRACE MIAMI SHORES City: FL Zip Code: 33138
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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: S.A. Martin (NOTE: Registered Agent signature required when reinstating) DATE: 4/02/04.

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, S A 953 NE 91 TERRACE MIAMI SHORES FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, S A 953 NE 91 TERRACE MIAMI SHORES FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENERETTE, W 953 NE 91 TERRACE MIAMI SHORES FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: S.A. Martin DATE: 4/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR