2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

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Entity Name: MARIE HALE AND EDWARD SANDALL CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

5200 NORTH FLAGLER DRIVE
#1501
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5200 NORTH FLAGLER DRIVE
#1501
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-3766515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDALL, EDWARD W
5200 NORTH FLAGLER DRIVE
#1501
WEST PALM BEACH, FL 33407

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
#1100
WEST PALM BEACH, FL 33401

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.

SIGNATURE: DAVID E. BOWERS, MGR 07/12/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SANDALL, EDWARD W
Address: 5200 NORTH FLAGLER DRIVE APT. 1501
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD ( ) Delete
Name: HALE, MARIE
Address: 5200 NORTH FLAGLER DRIVE APT. 1501
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD ( ) Delete
Name: BUCHECK, LYNDA
Address: 1181 PINE POINT ROAD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TD ( ) Delete
Name: HALE, IRMA
Address: 5200 NORTH FLAGLER DRIVE APT 1401
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD W. SANDALL PD 07/12/2004
Electronic Signature of Signing Officer or Director Date