2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N03000001347

Entity Name: LAW OFFICERS VEST ENDOWMENT, INC.

Current Principal Place of Business:

410 MARINA POINTE DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

410 MARINA POINTE DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 04-3741244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARCELLUZZI, JAMES L
410 MARINA POINTE DRIVE
NICEVILLE, FL 32578

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARCELLUZZI, JAMES L
Address: 410 MARINA POINTE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VT ( ) Delete
Name: PARCELLUZZI, GLORIA
Address: 410 MARINA POINTE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete
Name: WINTERMUTE, DAVID E
Address: 1758 BANYAN CREEK CIRCLE NORTH
City-St-Zip: BOYNTON BEACH, FL 334364632

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: PARCELLUZZI, GLORIA
Address: 410 MARINA POINTE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: S/T (X) Change ( ) Addition
Name: WINTERMUTE, DAVID E
Address: 1758 BANYAN CREEK CIRCLE NORTH
City-St-Zip: BOYNTON BEACH, FL 334364632

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: JAMES L. PARCELLUZZI P 01/16/2004
Electronic Signature of Signing Officer or Director — Date