


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90033 025 ****61.25

DOCUMENT # N03000004362 1. Entity Name AMERICAN LAW AND POLICY FOUNDATION, INC.					
Principal Place of Business 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418			Mailing Address 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0358818	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAKST, ELAIN M 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418				Name BAKST, ELAINE M. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKST, DAREN L		NAME		
STREET ADDRESS	2812 RED LEAF DR		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40509		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, STEPHEN		NAME		
STREET ADDRESS	415 DEVON DR		STREET ADDRESS		
CITY-ST-ZIP	JOHNSTON, PA 15904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBOY, SUSAN		NAME		
STREET ADDRESS	3624 GUNSTON RD		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 22302		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, LENORA		NAME		
STREET ADDRESS	370 E 69 ST APT 2K		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10021		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKST, ELAINE M		NAME		
STREET ADDRESS	111 COCONUT KEY COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<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>Elaine Bakst Sec</i>			Date 1-10-05 Daytime Phone # 561625765		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					