

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005185

FILED
Apr 29, 2004
Secretary of State**Entity Name:** CELLULAR HEALTH FOUNDATION, INC.**Current Principal Place of Business:**621 SW 21ST TERR
SUITE 10
FT. LAUDERDALE, FL 33312**New Principal Place of Business:**831 SW 10TH STREET
FT. LAUDERDALE, FL 33315**Current Mailing Address:**621 SW 21ST TERR
SUITE 10
FT. LAUDERDALE, FL 33312**New Mailing Address:**831 SW 10TH STREET
FT. LAUDERDALE, FL 33315**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPAFFORD, GEORGENE
831 SW 10TH STREET
FT. LAUDERDALE, FL 33315 US**Name and Address of New Registered Agent:**JONATHAN, JONES
831 SW 10TH STREET
FT. LAUDERDALE, FL 33315 US

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: JONATHAN E. JONES

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VP () Delete
Name: SPAFFORD, GEORGENE
Address: 106 SW 19TH AVE, #2
City-St-Zip: FT. LAUDERDALE, FL 33312 USTitle: P () Delete
Name: DANIEL, AARON JR.
Address: 831 SW 10TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: JONES, JONATHAN E
Address: 831 SW 10TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315 USTitle: VP (X) Change () Addition
Name: DANIEL, AARON JR.
Address: 831 SW 10TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315 US

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: JONATHAN E. JONES

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date