

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90011 041 \*\*\*\*70.00

<b>DOCUMENT # N03000006693</b> 1. Entity Name <b>ARMADA FOUNDATION, INC.</b>					
Principal Place of Business <b>101 NORTH RIVERSIDE DR., STE. 212 POMPAÑO BEACH, FL 33062</b>			Mailing Address <b>101 NORTH RIVERSIDE DR., STE. 212 POMPAÑO BEACH, FL 33062</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>30-0194199</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHANEUF, ROBERT 101 NORTH RIVERSIDE DR., STE. 212 POMPAÑO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent Name, _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHANEUF, ROBERT	NAME			
STREET ADDRESS	441 WEST PALM AIRE DR.	STREET ADDRESS			
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTTERFIELD, SPENCER	NAME			
STREET ADDRESS	1301 ASBURY WAY #1301	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULLINS, JEAN	NAME			
STREET ADDRESS	441 WEST PALM AIRE DR.	STREET ADDRESS			
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIERNAN, CARY	NAME			
STREET ADDRESS	1301 ASBURY WAY #1301	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	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			
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.					
<b>SIGNATURE: ROBERT PHANEUF</b>		<b>1-8-04</b>		<b>(954) 942-9525</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	