


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000006903	
1. Entity Name <b>LAKE WORTH LAGOON ENVIRONMENTAL DEFENSE FUND, INC.</b>	

Principal Place of Business <b>4317 709TH ROAD N WEST PALM BEACH, FL 33404</b>	Mailing Address <b>P.O. BOX 14932 NORTH PALM BEACH, FL 33408</b>
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DO NOT WRITE IN THIS SPACE



07082005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>14-1895034</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

**REYNOLDS, GREGORY L  
4317 70TH ROAD N.  
WEST PALM BEACH, FL 33404**

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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) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, GREGORY L 4317 70TH ROAD N WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITCOMB, JAMES 453 COUNTRY CLUB DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOOREHEAD, TOM 2506 CORAL TRACE PLACE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSUIKER, BEREND 4662 COCONUT ROAD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, BERNARD G 333 E 24TH STREET RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000371709  
07/11/05-80001-018 61.25

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: Gregory L. Reynolds **Gregory L. Reynolds, Director** **7-8-05** **561-255-6974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_