NOT-FOR-PROFIT CORPORATION

**FILED** ATX1

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N03000007298  1. Entity Name				Apr 26, 2004 08:00 AM - Secretary of State	
	NOT WRITE				
Principal Place of Business     Suite, Apt #, etc		3. Mailing Address 126 PONCE DE LEON Suite, Apt. #, etc,		DO NOT WRI	TE IN THIS SPACE
City & State ROYAL PALM BEACH, FL		City & State ROYAL PALM BEACH, FL		4. FEI Number 56-2386701	Applied For Not Applicable
Zip 33411-1213	Country <b>USA</b>	Zip 33411-1213	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	7. Name and Address of Current Name BASIL J COULE, CPA Street Address (P.O. Box Number is Not Accept 2105 TIGRIS DRIVE E				
	IN THIS SPA	Œ	2105   GRIS	DRIVE E	
			City WEST PALM	BEACH	FL Zip Code 33411
<ol><li>The above named in the state of Flor</li></ol>	entity submits this st ida. I am familiar/with	atement for the p and accept the	ourpose of changing its re obligations of registered a	gistered office or registered a agent.	gent, or both,
SIGNATURE Signature	typed or printed name of regis	fered agent and title if ap	BASIL J. COULE, C	PA TREASURER nature required when reinstating)	4/22/2004 DATE
FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State					
NAME STREET ADDRESS	P,D TOBY CHABON-BE 4900 BOXWOOD CI	RGER R.	11. TITLE NAME STREET ADDRE	58 (0000013 04/35//4-9	0220 1110-004 51.25
TITLE NAME	BOYNTON BEACH, VP,D ELLEN LAVOIE 153 WATERWAY	FL 33436	CITY-ST-ZIP TITLE NAME STREET ADDRE		440 JAN 98111
CITY-ST-ZIP TITLE NAME	ROYAL PALM BEAG VP,D KAREN MILES 706 HARBOUR POII		CITY-ST-ZIP TITLE NAME STREET ADDRE	g	
CITY-ST-ZIP TITLE NAME	WEST PALM BEACH, FL 33413 VP,S,D SHIRLEY FITZGERALD 2554 INISBROOK RD		CHY-ST-ZIP TITLE NAME STREET ADDRE	IN THI	Y WRITE S SPACE
CITY-ST-ZIP TITLE NAME	WEST PALM BEAC T,D BASIL J. COULE, C	H, FL 33407	CITY-ST-ZIP TITLE NAME		
CITY-ST-ZIP	PO BOX 16216 WEST PALM BEAC	H, FL 33416-621	STREET ADDRE 6 CITY-ST-ZIP TITLE	90	
CITY-ST-ZIP	DOUGLAS RANDOI 307 N O STREET AI LAKE WORTH, FL 3	PT 1 33460	NAME STREET ADDRE 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 on an attachment with an address. With all other like empowered.					
SIGNATURE:	SIGNATURE AND TYPED OR PRIN	eh BA	SIL J COULE, CPA TREA	ASU 4/22/2004  Pate	(561) 689-2799 Daytime Phone #