


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90029 028 ****61.25

DOCUMENT # N04000002723 1. Entity Name EMORY L. BENNETT FOUNDATION, INC.					
Principal Place of Business P.O. BOX 560803 ROCKLEDGE, FL 32956-0803			Mailing Address P.O. BOX 560803 ROCKLEDGE, FL 32956-0803		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03172004 Chg-NP CR2E037 (10/03)	
4. FEI Number 56-2299750				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, MICHAEL E 12 BURLINGTON AVE ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	DC BENNETT, JOHN M <input type="checkbox"/> Delete ONE SOUTH PALMWAY ROCKLEDGE, FL 329552841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENNETT, MICHAEL E <input type="checkbox"/> Delete P O BOX 56004 ROCKLEDGE, FL 329560004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENNETT, MICHAEL E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 BURLINGTON AVE ROCKLEDGE, FL 32955-2908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENNETT, JOHN M <input type="checkbox"/> Delete P O BOX 56004 ROCKLEDGE, FL 329560004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENNETT, JOHN MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 BURLINGTON AVE. ROCKLEDGE, FL 32955-2908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete GUTTENBERG, CHARLOTTE P O BOX 236052 COCOA, FL 329236052		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DANIEL SCHMIDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 30 WEST AZALEA CIRCLE ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: John Michael Bennett Treasurer John Michael Bennett 3-22-2004 (321) 636-9682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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