

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22110

**FILED**  
**Apr 23, 2004**  
**Secretary of State****Entity Name:** BILLIE J. MINOR FOUNDATION, INC.**Current Principal Place of Business:**P. O. BOX 15699  
W. PALM BCH., FL 33416 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 15699  
W. PALM BCH., FL 33416 US**New Mailing Address:****FEI Number:** 65-0069048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MINOR, WILLIAM H JR  
4196 FOX TRACE  
BOYNTON BEACH, FL 33436 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PCD ( ) Delete  
**Name:** MINOR, WILLIAM H JR  
**Address:** 4196 FOX TRACE  
**City-St-Zip:** BOYNTON BEACH, FL 33436**Title:** D ( ) Delete  
**Name:** HARRIS, J. RICHARD  
**Address:** 450 ROYAL PALM WAY  
**City-St-Zip:** PALM BEACH, FL**Title:** D ( ) Delete  
**Name:** MINOR, DERRICK P  
**Address:** 1701 MANGO CIRCLE  
**City-St-Zip:** LAKE CLARKE SHORES, FL**Title:** DS ( ) Delete  
**Name:** MINOR, KATHLEEN J  
**Address:** 4196 FOX TRACE  
**City-St-Zip:** BOYNTON BEACH, FL 33436**Title:** D ( ) Delete  
**Name:** BRIGHT, SHANNON M  
**Address:** 1701 MANGO CIRCLE  
**City-St-Zip:** LAKE CLARKE SHORES, FL**Title:** D ( ) Delete  
**Name:** MINOR, WILLIAM H III  
**Address:** 1701 MANGO CIRCLE  
**City-St-Zip:** LAKE CLARKE SHORES, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: WILLIAM MINOR

PRES

04/23/2004

Electronic Signature of Signing Officer or Director

Date