# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2004**
**Secretary of State**

DOCUMENT# N33369

**Entity Name:** THE SAINT LUCIA ISLAND FOUNDATION, INC.

**Current Principal Place of Business:**

9500 W BAY HARBOR DR
4A
MIAMI, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

9500 W BAY HARBOR DR
4A
MIAMI, FL 33154 US

**New Mailing Address:**

**FEI Number: 65-0160126** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENDRICK, DENNIS P.
9500 W. BAY HARBOR DR., 4-A
MIAMI, FL 33154 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: | PD | ( ) Delete |
| Name: | KENDRICK, DENNIS P., | |
| Address: | 9500 W. BAY HARBOR DR 4A | |
| City-St-Zip: | MIAMI, FL 33154 | |
| Title: | TD | ( ) Delete |
| Name: | MCMANUS, F. SHIELDS, | |
| Address: | 5910 SW FORREST GLADE TRAIL | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| Title: | CD | ( ) Delete |
| Name: | FELIX, KELVIN | |
| Address: | ARCHDIOCESE OF CASTRIES, PO BOX 267 | |
| City-St-Zip: | ST LUCIA, W. INDIES, | |
| Title: | VPD | ( ) Delete |
| Name: | JOHN, EMILY, PH.D, | |
| Address: | 505 SHERIDAN ST., #3E | |
| City-St-Zip: | EVANSTON, IL 60202 | |

**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: | |

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: DENNIS P. KENDRICK PD 04/05/2004

Electronic Signature of Signing Officer or Director — Date