2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N38123

Entity Name: CLAUDE PEPPER INSTITUTE FOR AGING AND THERAPEUTIC RESEARCH, INC.

Current Principal Place of Business:

FINANCIAL AFFAIRS OFFICE
150 W UNIVERSITY BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

150 W UNIVERSITY BLVD.
FINANCIAL AFFAIRS
MELBOURNE, FL 329016988

New Mailing Address:

FEI Number: 59-3130907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONHOMME, RAYMOND F JR.
4073 ESTANCIA WAY
MELBOURNE, FL 32934

Name and Address of New Registered Agent:

ARMUL, JOSEPH J
150 W. UNIVERSITY BLVD.
MELBOURNE, FL 32901 US

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: JOSEPH J. ARMUL 04/15/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BARTREM, RICHARD L
Address: 4073 ESTANCIA WAY
City-St-Zip: MELBOURNE, FL 32934

Title: PD ( ) Delete
Name: CATANESE, ANTHONY J
Address: 4668 HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: CD ( ) Delete
Name: HENRY, ALAN S
Address: 3950 N RIVERSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: ARMUL, JOSEPH J
Address: 150 W. UNIVERSITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: MCCAY, DWAYNE
Address: 228 LOGGERHEAD DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

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: JOSEPH J. ARMUL T 04/15/2004
Electronic Signature of Signing Officer or Director Date