


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90033 043 ****61.25

DOCUMENT # N41415	
1. Entity Name THE HSM CHARITABLE FOUNDATION, INC.	

Principal Place of Business 3399 PGA BLVD. SUITE 260 WEST PALM BEACH, FL 33410 US	Mailing Address 3399 PGA BLVD. SUITE 260 WEST PALM BEACH, FL 33410 US
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94036358



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
STONE, HELEN ECCESTON 3399 PGA BLVD. SUITE 260 PALM BEACH GARDENS, FL 33410	

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.	
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	STONE, HELEN E
STREET ADDRESS	3399 PGA BLVD. STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D <input type="checkbox"/> Delete
NAME	SHAFFER, MARGARET B
STREET ADDRESS	3399 PGA BLVD. STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D <input type="checkbox"/> Delete
NAME	CROSBY, SHEILA B
STREET ADDRESS	3399 PGA BLVD. STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, SHEILA B
STREET ADDRESS	3399 PGA BLVD. STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSBY, SHEILA B.
STREET ADDRESS	3399 PGA BLVD., STE. 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <u>Helen E Stone</u>	3-19-04	561-626-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #