


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90535 028 ****61.25

| | | | | |
|--|---------|--|---------|---|
| DOCUMENT # N42680 | | | |  |
| 1. Entity Name THE JEANETTE MCCORMACK REFUGE, INC. | | | | |
| Principal Place of Business 536 SW LINDEN ST STUART FL 34997 | | Mailing Address 536 SW LINDEN ST STUART FL 34997 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 6. Name and Address of Current Registered Agent SANDER, JOANNA MCCORMACK 8957 NORTH ELIZABETH AVENUE PALM BEACH GARDENS FL 33418 | | | | 7. Name and Address of New Registered Agent |
| Name | | | | Name |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) |
| City | | | | City |
| State | | | | State |
| Zip Code | | | | Zip Code |



MOORE CR2E037 (11/03)

4. FEI Number **65-0338320** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANDER, RICHARD | | NAME | | |
| STREET ADDRESS | 8957 N ELIZABETH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARD. FL 33418 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHNIODER, GEORGE | | NAME | | |
| STREET ADDRESS | 2998 SE SALERNO ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34997 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANDER, JOANNA M. | | NAME | | |
| STREET ADDRESS | 8957 N. ELIZABETH AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418-6121 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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.

SIGNATURE: *Richard Sander* **RICHARD SANDER** 4/22/04 772-286-8029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #