

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90002 040 ****61.25

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07092004 Chg-NP CR2E037 (10/03)

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|---|--|---|---|
| DOCUMENT # N43858 1. Entity Name THE COMMUNITY AWARENESS NETWORK, INC. | | | |
| Principal Place of Business P O BOX 33436 PALM BEACH GARDEN, FL 33420 | | Mailing Address P O BOX 33436 PALM BEACH GARDEN, FL 33420 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Zip Country | | City & State Zip Country | |
| 4. FEI Number 65-0266150 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired: <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FIELDS, GARY D 4400 PGA BLVD STE 700 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. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by September 8, 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 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ELIAS, JOAN 1009 DIAMOND HEAD WAY PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOX, REUBEN 42 ADMIRALS COURT PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LAURIE METZIS 9 GLENCAIRN RD PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP INGRAN, WILLIAM 767 WINDERMORE WAY PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HORTON, DONALD 258 EAGDETON ESTATES BLVD PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT FOX, ROBERT 28 CAYMAN PL PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BRAD SEIDENSTICKER 11 GLENCAIRN RD P B G FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENGELSHER, MIKE 124 EAGLETON LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Joan Elias</u> Joan Elias 7-11-04 561-775-2551 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |