

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2004 8:00 am**  
**Secretary of State**

07-01-2004 90001 036 \*\*\*61.25

**DOCUMENT # N51051**

1. Entity Name  
**RUSS CORSER FOUNDATION, INC.**



Principal Place of Business  
**170 LAKE MERYL DR  
WEST PALM BEACH, FL 33411-3351 US**

Mailing Address  
**170 LAKE MERYL DR  
WEST PALM BEACH, FL 33411-3351 US**

**54059415**



2. Principal Place of Business  
**1560 6th STREET**

3. Mailing Address  
**1560 6th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222004 Chg-NP CR2E037 (10/03)

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**65-0370255**

Applied For  
Not Applicable

Zip  
**33401**

Country  
**PALM BEACH**

Zip  
**33401**

Country  
**PALM BEACH**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPOLI, CARMINE J  
170 LK MERYL DR  
WEST PALM BEACH, FL 33411**

Name  
**JOHN NEELY, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**1560 6th STREET**

City  
**WEST PALM BEACH, FL** Zip Code  
**33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25  
Due by September 8, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KENNETH, JUDY  
2414 BAYVILLAGE COURT  
PALM BEACH GARDENS, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WAYNE, ANDERSON  
10240 ALLAMANDA CIR  
PALM BEACH GARDENS, FL 33410** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
NAPOLI, CARMINE J  
170 LAKE MERYL DR  
WEST PAM BEACH, FL 33411** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCRANELS, SCOTT  
124 BRAVADO LANE  
P.B. SHORES, FL 33404** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANDERSON, JANET  
10240 ALLAMANDA CIR  
P.B. GARDENS, FL 33410** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
IRWIN, STEVE  
PMB# 254,962 NORTHLAKE BLVD  
LAKE PARK, FL 33403** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MURRAY, WARREN  
1560 6th STREET  
WEST PALM BEACH, FL 33401** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SCHWAB, WILLIAM  
1560 6th STREET  
WEST PALM BEACH, FL 33401** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
NEELY, JOHN JR.  
1560 6TH STREET  
WEST PALM BEACH, FL 33401** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/28/04**

Date

Daytime Phone #