2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # N51051 1. Entity Name RUSS CORSER FOUNDATION, INC.					05-02-2005 90974 039 ****61.25			
Principal Place of Business Mailing Address 1560 6TH STREET 1560 6TH STREET WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 334			33401 US	1.00001.00.00				
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (10/03)		
City & State		City & State	City & State		255	 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	See Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
NEELY, JOHN JR.			Name	Name				
1560 6TH			Street Address (F		(P.O. Box Number is Not Acceptable)			
* S								
<u>.</u>			City	FL Zip Code				
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both,	in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signatu	uré requiréd when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE ake check payable to da Department of Si		
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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

Date Date Devime Prone #