
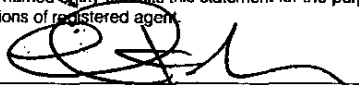
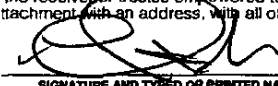


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91019 017 ****61.25

DOCUMENT # N93000002305 1. Entity Name THE IDELSON FOUNDATION, INC.					
Principal Place of Business P.O. BOX 61532 FORT MYERS, FL 33906			Mailing Address P.O. BOX 61532 FORT MYERS, FL 33906		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0418576	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IDELSON, SAM A 1957 NORTH HONORE C-104 SARASOTA, FL 34235				Name Charles K. Idelson Street Address (P.O. Box Number is Not Acceptable) 4507 SE 16th Place City CAPE CORAL FL Zip Code 33904	
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 4-30-04	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
DP	IDELSON, SAM A	1957 NORTH HONORE C-104	SARASOTA, FL 34235		
DST	IDELSON, CHARLES K	4507 SE 16TH PLACE	CAPE CORAL, FL 33904		
DV	WEINBERG, MIMI I	5718 BIRDWOOD	HOUSTON, TX 77096		
D	ALTERMAN, RACHEL M	6255 BARFIELD RD., STE. 100	ATLANTA, GA 30328		
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: 				Date 4-30-04 Daytime Phone # 239-633-2932	