2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000137

Entity Name: THE G.A.P. FOUNDATION, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5720 LAKESIDE DR 6810 LEE STREET

#619 HOLLYWOOD, FL 33024

MARGATE, FL 33063 US

Current Mailing Address: New Mailing Address:

5720 LAKESIDE DR 6810 LEE STREET

#619 HOLLYWOOD, FL 33024 US MARGATE, FL 33063 US

FEI Number: 65-0452264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DENNIS, DONALD R

5184 SW 27TH TERRACE

6810 LEE STREET

101 JAN 200 Ft 23234 LIS

FT LAUDERDALE, FL 33312 US HOLLYWOOD, FL 33024 US

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.

SIGNATURE: STEPHEN L. BENING 05/01/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: VPD () Delete Title: () Change () Addition

 Name:
 DENNIS, DONALD R
 Name:

 Address:
 5184 SW 27TH TER
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BENING, STEVEN
 Name:
 BENING, STEPHEN L

 Address:
 5720 LAKESIDE DR #619
 Address:
 6810 LEE STREET

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 HOLLYWOOD, FL 33024

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 BURTON, WARREN REV
 Name:

 Address:
 426 FORESTERIA DRIVE
 Address:

 City-St-Zip:
 LAKE PARK, FL 33403
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MORGAN, DOUGLAS
 Name:

 Address:
 6747 W. SUNRISE BLVD.
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33313
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L. BENING PD 05/01/2004