


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003429	
1. Entity Name THE CALAMUS FOUNDATION, INC.	

Principal Place of Business 770 SOUTH PALM AVENUE SARASOTA, FL 34236	Mailing Address 770 SOUTH PALM AVENUE SARASOTA, FL 34236
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01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0508548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAPLAN, SAUL 770 SOUTH PALM AVE. SARASOTA, FL 34236

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	000000108274 04/09/04-80049-001 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, SAUL 770 SOUTH PALM AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, JAMES S 720 PARK AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADBURY, LOUIS 222 RIVERSIDE DRIVE NEW YORK, NY 10025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, JAMES M 40 FIFTH AVENUE NEW YORK, NY 10011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEAFE, MICHAEL 1427 YORK AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ROBERT J 401 SOUTH PALM AVENUE SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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><i>Saul Kaplan</i></u> SAUL KAPLAN, PRES.	<u>4/6/04</u> (941) 954-1200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>