


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90001 025 ****70.00

DOCUMENT # N95000002918
 1. Entity Name
COBB FOUNDATION, INC.



Principal Place of Business Mailing Address
336 COCONUT PALM ROAD **336 COCONUT PALM ROAD**
BOCA RATON FL 33432 **BOCA RATON FL 33432**
US **US**

J4007070



MOORE CR2E037 (11/03)

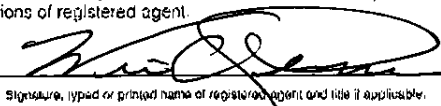
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0593216 Not Applicable

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

6. Name and Address of Current Registered Agent
LEWIS, WILLIAM C JR
9350 SOUTH DIXIE HIGHWAY
SUITE 1550
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name **Lewis, William C. Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue
Suite 280
 City **Miami** FL Zip Code **33131**

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 **1-21-04**
Signature, typed or printed name of registrant/agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 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	DP	<input type="checkbox"/> Delete
NAME	COBB, RHODA W.	
STREET ADDRESS	336 COCONUT PALM ROAD	
CITY- ST- ZIP	BOCA RATON FL 33432	
TITLE	DYS	<input type="checkbox"/> Delete
NAME	COBB, WILLIAM	
STREET ADDRESS	336 COCONUT PALM ROAD	
CITY- ST- ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, BRADLEY DEAN	
STREET ADDRESS	230 BELLEVUE AVENUE	
CITY- ST- ZIP	HADDONFIELD NJ 08033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juckett, Rhoda C	
STREET ADDRESS	2421 Westfield Road	
CITY- ST- ZIP	Charlotte, NC 28207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Little, Jennifer Cobb	
STREET ADDRESS	223 Kingsway Drive	
CITY- ST- ZIP	Lexington, KY 40502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:  President Date **1-27-04** Telephone # **786 425-2284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhoda W. Cobb