

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90036 039 \*\*\*\*61.25

**DOCUMENT # N95000004625**

1. Entity Name  
**RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, INC.**



Principal Place of Business  
 10 BLOSSOM WAY  
 PALM BEACH, FL 33480 US

Mailing Address  
 10 BLOSSOM WAY  
 SUITE 120  
 PALM BEACH, FL 33480 US

**44012312**



01202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

**P.O. Box 2163**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2163**

Suite, Apt. #, etc.

City & State

**Palm Beach, FL**

City & State

**Palm Beach, FL**

4. FEI Number

**65-0615053**

Applied For

Not Applicable

Zip **33480**

Country **US**

Zip **33480**

Country **US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLOYD, MARIA K**  
 10 BLOSSOM WAY  
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name **Floyd, Maria K.**

Street Address (P.O. Box Number is Not Acceptable)

**106 North Flagler**

City **W. Palm Beach**

**FL**

Zip Code **33405**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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  Delete  
 NAME **FLOYD, RAYMOND L**  
 STREET ADDRESS **10 BLOSSOM WAY**  
 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE  Delete  
 NAME **FLOYD, MARIA K**  
 STREET ADDRESS **10 BLOSSOM WAY**  
 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE  Delete  
 NAME **KOCHMAN, RON**  
 STREET ADDRESS **10 BLOSSOM WAY**  
 CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **106 North Flagler Promenade**  
 CITY-ST-ZIP **W. Palm Beach FL 33405**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **106 North Flagler Promenade**  
 CITY-ST-ZIP **W. Palm Beach FL 33405**

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 information empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #