

# 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**



2. Principal Place of Business

**P.O. Box 2163**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2163**  
Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

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

☒ Change ☐ Addition

NAME **106 North Flagler Promenade**  
STREET ADDRESS **W. Palm Beach Fl**  
CITY-ST-ZIP **33405**

☒ Change ☐ Addition

NAME **106 North Flagler Promenade**  
STREET ADDRESS **W. Palm Beach Fl**  
CITY-ST-ZIP **33405**

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #