

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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90034 016 ****61.25

DOCUMENT # N96000002618

1. Entity Name
**THE WALTER R. AND SUSAN P. LOVEJOY CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**11265 OLD HARBOUR RD
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408 US**

Mailing Address
**2015 SPRING RD
STE 200x 235
OAK, BR 60523 US**



01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0669040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOVEJOY, WALTER R
11265 OLD HARBOUR ROAD
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
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

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LOVEJOY, WALTER R
STREET ADDRESS	1265 OLD HARBOUR RD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VT
NAME	LOVEJOY, SUSAN P
STREET ADDRESS	11265 OLD HARBOUR RD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	STT
NAME	KILLOREN, THOMAS A
STREET ADDRESS	120 W STATE STREET, STE 400
CITY-ST-ZIP	ROCKFORD, IL 61101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2004

Date

(630) 573-9400

Daytime Phone #