


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003054	
1. Entity Name BELLE M. DEITCH CHARITABLE FOUNDATION, INC.	

Principal Place of Business 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433	Mailing Address 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent MCCURRY, WILLIAM P 21301 POWERLINE RD SUITE 204 BOCA RATON, FL 33433
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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 _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEITCH, BELLE M 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARETT, DONALD 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURRY, WILLIAM P 21301 POWERLINE ROAD #204 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/04-80003-013 61.25

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: 	1/9/04 561-482-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone