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

DOCUMENT # N96000006025

Principal Place of Business

THE CHARLES AND MARABETH CAUSEY FOUNDATION, INC.



82778 OVERSEAS HIGHWAY ISLAMORADA FL 33036		O BOX 1169 LAMORADA FL : S	33036	
2. Principal Place of Business	3.	3. Mailing Address		
Suite, Apt. #, etc.	•	Suite, Apt. #, etc.		
City & State		City & State		\dashv
Zip Ci	ountry	Zip	Country	_

Mailing Address

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90375 007 ****61.25

MOORE CR2E037 (11/03) Applied For 4. FEI Number 65-0711722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

CAUSEY, MARABETH L 82778 OVERSEAS HWY -ISLAMORADA FL 33036 City Zip Code 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. 1 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE Change Addition NAME CAUSEY, CHARLES W III NAME 82778 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS ISLAMORADA FL 33036 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition CAUSEY, MARABETH L NAME NAME 82778 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS ISLAMORADA FL 33036 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition CAUSEY, FRANCES W ÑAME NAME 2034 GABLES WAY STREET ADDRESS STREET ADDRESS ATLANTA GA 30329 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachingent with an address with all other like empowered.

Pres. - CHARLES W. CAUSEY