


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003302 1. Entity Name THE DOROTHY S. ERISMANN FOUNDATION, INC.	
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Principal Place of Business 340 ROYAL PALM WAY 100 PALM BEACH, FL 33480	Mailing Address 2345 89TH AVE VERO BEACH, FL 32966
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0781305	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 FINNERTY, THOMAS J 2345 89TH AVENUE VERO BEACH, FL 32966

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000156252 05/05/04-80071-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV PILOTTE, FRANK T 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTESEN, JAMES R 573 SW SPRINGHILL POINT SAINT LUCIE WEST, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FINNERTY, THOMAS J 2345 89TH AVENUE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Thomas J. Finnerty 4/30/04 772-569-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #