


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

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002053 1. Entity Name JOHN L. VOLK FOUNDATION, INC.	
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Principal Place of Business 207 PHIPPS PLAZA PALM BEACH, FL 33480	Mailing Address 207 PHIPPS PLAZA PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



02142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0969895	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

AVIS, DEBORAH K
C/O AVIS & AVIS PA
125 WORTH AVE STE 221
PALM BEACH, FL 33480

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.


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	U000000057878 02/20/04-80006-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLK, LILLIAN J 207 PHIPPS PLAZA PALM BEACH, FL 334804242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAESE, JOHN R 207 PHIPPS PLAZA WEST PALM BEACH, FL 334804241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COCHRANE, REYNOLDS J 2801 EXCHANGE COURT WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VOLK, LORY 207 PHIPPS PLAZA PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACINICH, MARIA L 207 PHIPPS PLAZA PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **REYNOLDS J. COCHRANE** 2/14/04 561-684-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #