


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90444 006 ****61.25

DOCUMENT # N98000005651					
1. Entity Name THE WRITE NOTE FOUNDATION, INC.					
Principal Place of Business 419 'B' CLEMATIS STREET WEST PALM BEACH, FL 33401 US			Mailing Address P O BOX 4685 WEST PALM BEACH, FL 33402-4685 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0866930	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GETSCHAL, DOUGLAS C 419 CLEMATIS STREET STE. B WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>DOUGLAS C. GETSCHAL</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/23/04</u>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C NAME ELLIOTT, EDWARD L STREET ADDRESS P.O. BOX 8569 CITY-ST-ZIP JUPITER, FL 33468	<input type="checkbox"/> Delete		TITLE Executive Director NAME Douglas C. Getschal STREET ADDRESS P.O. Box 8546 CITY-ST-ZIP West Palm Beach, FL 33469-8546	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WALKER, THOMAS R STREET ADDRESS 725 NORTH A1A SUITE C208 CITY-ST-ZIP JUPITER, FL 334774563	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Greg Hauptner STREET ADDRESS 1103 Duncan Circle# 202 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WICKS, MARIE S STREET ADDRESS 1011 WOODFIELD CIRCLE CITY-ST-ZIP PALM BEACH GRDNS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Louis Haddad STREET ADDRESS 777 S. Flagler Drive. Ste 800 CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MEADE-GETSCHAL, TAYLOR STREET ADDRESS 479 SEABROOK ROAD CITY-ST-ZIP TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EDBP NAME WICKS, W. JAMES STREET ADDRESS 1011 WOODFIELD CIRCLE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFO NAME DOBBS-EDIE, HELENA STREET ADDRESS 133 ROSEWOOD CIRCLE CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 duly empowered.					
SIGNATURE: <u>DOUGLAS C. GETSCHAL</u>			4/23/04 561-832-5007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					