


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90146 027 \*\*\*\*61.25

<b>DOCUMENT # N98000005692</b>	
1. Entity Name <b>MARJORIE AND NORMAN FELIX SUPPORT FOUNDATION, INC.</b>	

Principal Place of Business <b>4100 RCA BLVD PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>4100 RCA BLVD PALM BEACH GARDENS, FL 33410</b>
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**40023074**



2. Principal Place of Business <b>11891 US Hwy. One</b>	3. Mailing Address <b>11891 US Hwy. One</b>
Suite, Apt. #, etc. <b>Suite 100</b>	Suite, Apt. #, etc. <b>Suite 100</b>
City & State <b>North Palm Beach, FL</b>	City & State <b>North Palm Beach, FL</b>
Zip <b>33408</b>	Country <b>USA</b>

02142005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0898838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	

6. Name and Address of Current Registered Agent <b>JOSEPH M. FLEMING, ESQUIRE, PLLC 11891 US HWY ONE, SUITE 100 NORTH PALM BEACH, FL 33408</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEPARD, JUDITH C/O KRAUIS CENTER 701 OKEECHOBEE BKVD WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Kravis Center 701 Okeechobee Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PUDER, ROBERT C/O KRAVIS CENTER 701 OKEECHOBEE BLVD WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLEMING, JOSEPH M 4100 RCA BLVD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11891 US Hwy. One, Suite 100 N. Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.

SIGNATURE: *By: Joseph M. Fleming* **2-23-05** **561-622-2700**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #