

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

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

01-26-2004 90005 013 ****61.25

DOCUMENT # N98000006490

1. Entity Name
THE EWING LOG HOUSE FOUNDATION, INC.



Principal Place of Business
**222 LAKEVIEW AVE, SUITE 910
WEST PALM BEACH, FL 33401**

Mailing Address
**222 LAKEVIEW AVE, SUITE 910
WEST PALM BEACH, FL 33401**

54000588



DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1625020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRESSLY, JAMES G JR
222 LAKEVIEW AVE, SUITE 910
WEST PALM BEACH, FL 33401**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACE, JANE R 126 SEAGRAPE CIRCLE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, ROBIN G 2830 CALZADA Avenue SANTA YNEZ, CA 93460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACE, LEONARD A 1924 STRATFORD WAY APT. 39-D WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: X *Janet Grace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2004 561-659-4040
Date Daytime Phone #

Attachment
Doc. # NA8000006490
54000588

PRESSLY AND PRESSLY, P.A. 222 LAKEVIEW AVE., SUITE 910 WEST PALM BEACH, FL 33401		SUNTRUST SUNTRUST BANK 63-607670	2215
PAY TO THE ORDER OF		1/19/2004	
Division of Corporations		\$ 61.25	
Sixty-One and 25/100		*****	
Division of Corporations		*****	
MEMO		DOLLARS	
Grace		AUTHORIZED SIGNATURE	
		<i>Bubba Pressly</i>	

PRESSLY AND PRESSLY, P.A.
Division of Corporations
Client Costs Advanced

2215
1/19/2004
61.25

Cash-Firm/SunTrust
Grace

61.25