2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State
07-29-2004 90006 050 ****70.00

DOCUMENT # N98000006507

1. Entity Name
THE GAIL BELENGER FOUNDATION, INC.

Principal Place of Business	Mailing Address
1436 NE 26TH STREET FORT LAUDERDALE, FL 33305 US	417 EAST SHERIDAN STREET SUITE 117 DANIA BEACH, FL 33004 US

D04J46003

07092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
370 EAST PROSPECT RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL.	City & State
Zip: 33334 Country: BROWARD	Zip / Country

4. FEI Number: 65-0887496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALCOMBRIGHT, JARON 417 EAST SHERIDAN STREET SUITE 117 DANIA BEACH, FL 33004	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: Jaron Alcombright 7/10/04
(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 September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD AARON, CIAN 417 EAST SHERIDAN STREET # 117 DANIA BEACH, FL 33004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CABRAL, MARK 417 E. SHERIDAN ST. #117 DANIA BEACH, FL. 33004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD ALCOMBRIGHT, JARON 417 EAST SHERIDAN STREET # 117 DANIA BEACH, FL 33004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CORNELIUS, PATRICIA 417 E. SHERIDAN ST. #117 DANIA BEACH, FL 33004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKER, PRISCILLA N 417 EAST SHERIDAN STREET # 117 DANIA BEACH, FL 33004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBERTS, JUANA 417 E. SHERIDAN ST. #117 DANIA BEACH, FL. 33004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORNELIUS, PATRICIA 417 EAST SHERIDAN STREET # 117 DANIA BEACH, FL 33004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGIAN, LINDA 417 E. SHERIDAN ST. # 117 DANIA BEACH, FL. 33004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISON, JOHN B 417 EAST SHERIDAN STREET # 117 DANIA BEACH, FL 33004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PICHLER, DAVID 417 E. SHERIDAN ST. #117 DANIA BEACH, FL. 33004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCANTS, FREDDIE LEE 417 EAST SHERIDAN STREET # 117 DANIA BEACH, FL 33004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Patricia Cornelius 8/13/04 (954)566-6446
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR Date Daytime Phone #