

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90068 034 ****61.25

DOCUMENT # N98000007146

1. Entity Name

NORMA W. ALLEN PRIVATE FOUNDATION, INC.



Principal Place of Business

**127 PERUVIAN AVE.
#304
PALM BEACH FL 33480**

Mailing Address

**127 PERUVIAN AVE.
#304
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.
APT. 301

Suite, Apt. #, etc.
APT. 301

City & State

City & State

4. FEI Number
65-0881999

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ALLEN, NORMA W.
127 PERUVIAN AVE #301
PALM BEACH FL 33480-4418**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLEN, NORMA W
127 PERUVIAN AVE. #301
PALM BEACH FL 33480-4418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEMPSEY, PATRICIA
127 PERUVIAN AVE. #302
PALM BEACH FL 33480-4418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DARLING, MR. PATRICK
11380 PROSPERITY FARMS RD.
PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: Norma W. Allen NORMA W. ALLEN 1-22-04 561-659-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #