


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

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90020 003 ****70.00

DOCUMENT # N98000007147		
1. Entity Name CRITCHFIELD PRIVATE FOUNDATION, INC.		
Principal Place of Business 404 ROYAL PALM WAY 404 PALM BEACH FL 33480	Mailing Address 404 ROYAL PALM WAY 404 PALM BEACH FL 33480	
2. Principal Place of Business 400 Royal Palm Way	3. Mailing Address P. O. Box 2345	
Suite, Apt. #, etc. Suite 402	Suite, Apt. #, etc.	
City & State Palm Beach, FL	City & State Palm Beach, FL	
Zip 33480	Country U. S.	Country U. S.

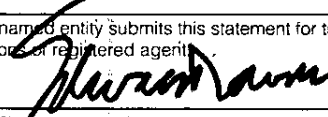


MOORE CR2E037 (4/04)

4. FEI Number 65-0881997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOWNEY, EDWARD 400 ROYAL PALM WAY 404 PALM BEACH FL 33480	7. Name and Address of New Registered Agent Name Edward Downey Street Address (P.O. Box Number is Not Acceptable) Suite 302 3601 PGA Boulevard City Palm Beach Gardens FL Zip Code 33410
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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 obligation of the registered agent.

SIGNATURE  **Edward Downey** **July 29, 2004**

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 September 8, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRITCHFIELD, MAXINE J 101 TURNBERRY DRIVE ATLANTIS FL 33462 <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	VPT DOWNEY, EDWARD 400 ROYAL PALM WAY PALM BEACH FL 33480 <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	ST DOWNEY, DANIEL 400 ROYAL PALM WAY PALM BEACH FL 33480 <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
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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:  **Edward Downey** **July 29, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #