


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000076	
1. Entity Name J. BELL MORAN, JR. FOUNDATION, INC.	

Principal Place of Business 630 ISLAND DRIVE PALM BEACH, FL 33480 US	Mailing Address 1897 PALM BEACH LKS. BLVD 226 WEST PALM BEACH, FL 33409 US
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0912849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURPHY, EUGENE W JR
340 ROYAL PALM WAY, STE 100
PALM BEACH, FL 33480

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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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DODGE, LORE H 12772 MARINER COURT PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORAN, LISE G 142 SOUND BEACH AVENUE OLD GREENWICH, CT 06870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORAN, JOHN B III 630 ISLAND DRIVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, RONALD D 1897 PALM BEACH LAKES BLVD #226 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JAMES J PO BOX 15889 SEATTLE, WA 98115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000021240
01/29/04-80101-006 61.25

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:  1/24/04

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