


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000076</b>		
1. Entity Name J. BELL MORAN, JR. FOUNDATION, INC.		

Principal Place of Business	Mailing Address
630 ISLAND DRIVE PALM BEACH, FL 33480 US	1897 PALM BEACH LKS. BLVD 226 WEST PALM BEACH, FL 33409 US

DO NOT WRITE IN THIS SPACE



03132005 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
---

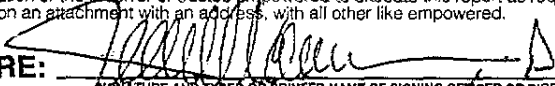
DO NOT WRITE  
IN THIS SPACE

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	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000284140 04/01/05-80053-025 61.25
---	---	---

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 15689 SEATTLE, WA 98115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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: 	3/30/05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		