


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90026 021 \*\*\*\*61.25

<b>DOCUMENT # N99000002056</b> 1. Entity Name <b>HEMISPHERE BENEFIT FUND, INC.</b>			
Principal Place of Business <b>3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461</b>		Mailing Address <b>3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461</b>	
2. Principal Place of Business <b>3175 S. Congress Ave.</b> Suite, Apt. #, etc. <b>Suite 308</b>		3. Mailing Address <b>3175 S. Congress Ave.</b> Suite, Apt. #, etc. <b>Suite 308</b>	
City & State <b>Palm Springs, FL 33461</b>		City & State <b>Palm Springs, FL 33461</b>	
Zip <b>33461</b>	Country <b>Palm Beach</b>	Zip <b>33461</b>	Country <b>Palm Beach</b>
4. FEI Number <b>65-0908114</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRENSHAW, KENNETH B 3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CRENSHAW, KENNETH B 3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CRENSHAW, PHILLIP T 3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GUENNETTE, RICHARD W 3175 SO CONGRESS AVE STE 301 PALM SPRINGS, FL 33461</b>	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
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
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.			
<b>SIGNATURE: <u>Kenneth B. Crenshaw</u> KENNETH B. CRENSHAW 2/16/04 361-439-6100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			