

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004458

FILED
Jul 13, 2004
Secretary of State**Entity Name:** DOROTHY PORTER WESLEY RESEARCH CENTER, INC.**Current Principal Place of Business:**PMB-123 2400 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 333011529**New Principal Place of Business:**2400 EAST LAS OLAS BLVD. STE 123
FORT LAUDERDALE, FL 333011529**Current Mailing Address:**PMB-123 2400 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 333011529**New Mailing Address:**2400 EAST LAS OLAS BLVD. STE 123
FORT LAUDERDALE, FL 333011529**FEI Number:** 65-0936845**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UZELAC, CONI PORTER
PMB-123 2400 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 333011529**Name and Address of New Registered Agent:**UZELAC, CONI PORTER
2400 EAST LAS OLAS BLVD. STE 123
FORT LAUDERDALE, FL 333011529

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.

SIGNATURE: _____

07/13/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UZELAC, CONI PORTER
Address: PMB-123 2400 EAST LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 333011529

Title: SD () Delete
Name: ROBINSON, FLETCHER MD
Address: P.O. BOX 11366
City-St-Zip: ST. THOMAS, VI 00801

Title: VD () Delete
Name: KEMPFF, DAWN
Address: 1511 E COMMERCIAL STE 88
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: TD () Delete
Name: GOINS, JOHN ESQ.
Address: 700 BUCHANAN STREET N.W.
City-St-Zip: WASHINGTON, DC 20017

Title: T () Delete
Name: MAGUINE, KELLY
Address: 2900 BANYAN ST 102
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: UZELAC, CONI PORTER
Address: 2400 EAST LAS OLAS BLVD. STE 123
City-St-Zip: FORT LAUDERDALE, FL 333011529

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONI UZELAC

PD

07/13/2004

Electronic Signature of Signing Officer or Director

Date