


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P27893 1. Entity Name SPRING CREEK ART FOUNDATION, INC.	
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Principal Place of Business 1601 FORUM PLACE, SUITE P-2 WEST PALM BEACH, FL 33401-8188 US	Mailing Address 1601 FORUM PLACE, SUITE P-2 WEST PALM BEACH, FL 33401-8188 US
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01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-0179280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CALLAHAN, RICHARD P. 1601 FORUM PLACE SUITE P-2 WEST PALM BEACH, FL 33401

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH, WILLIAM I. 1601 FORUM PALCE STE P2 W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLAHAN, RICHARD P. 1601 FORUM PALCE STE P2 W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHIPLEY, ZACHARY K. 1601 FORUM PLACE STE P2 W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	2/10/05 561-697-4300 Date Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	