

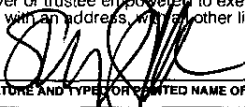


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 050 \*\*\*\*61.25

<b>DOCUMENT # F97000005047</b>			
1. Entity Name GORDON FAMILY FOUNDATION, INC.			
Principal Place of Business 1835 E. HALLANDALE BCH. BLVD. #483 HALLANDALE, FL 33009		Mailing Address 1835 E. HALLANDALE BCH. BLVD. #483 HALLANDALE, FL 33009	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STUDNIK, STACY 1200 S. PINE ISLAND DR. #200 FORT LAUDERDALE, FL 33324		Name <del>STACY STUDNIK</del> Street Address (P.O. Box Number is Not Acceptable) c/o MELLON WAYNE CARSON 910 E. LAS OLAS BLVD. SUITE #200 City FT. LAUDERDALE FL Zip Code 33301	
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 <u>STACY STUDNIK</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>8-1-04</u>
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, GAIL	NAME	
STREET ADDRESS	1835 E. HALLENDALE BCH BLVD. #483	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDNIK, STACY	NAME	
STREET ADDRESS	1835 E. HALLENDALE BCH. BLVD. #483	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDNIK, SHANI	NAME	
STREET ADDRESS	1835 E. HALLENDALE BCH. BLVD. #483	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JASON	NAME	
STREET ADDRESS	1835 E. HALLENDALE BCH. BLVD. #483	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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, or in any other like empowered.			
SIGNATURE: 		Date <u>8/1/04</u>	Daytime Phone # <u>305 389 1132</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

54068651



08092004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0708527 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**Filing Fee is \$61.25 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

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SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/1/04

Daytime Phone # 305 389 1132