

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

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002512

1. Entity Name
CARBON FAMILY FOUNDATION, INC.



Principal Place of Business
**3823 DOVE STREET
SAN DIEGO, CA 92103**

Mailing Address
**3823 DOVE STREET
SAN DIEGO, CA 92103**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
86-0991034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUDOLF & HOFFMAN PA
615 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304**

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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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000049131
02/13/04 80010-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GORRELL, KIRSTEN L 3823 DOVE STREET SAN DIEGO, CA 92103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GETZ, LISEL 2135 CECILIA TERR SAN DIEGO, CA 92110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETZ, PAUL 2135 CECILIA TERR SAN DIEGO, CA 92110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATT, KRISTEN 3823 DOVE STREET SAN DIEGO, CA 92103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:

Kirsten L. Gorell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRSTEN L. GORELL 1/27/04 619-220-7439
Date Daytime Phone #