


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

**FILED**  
**Jan 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004634**  
 1. Entity Name  
**PERKINS FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**4815 SWEETMEADOW CIRCLE**      **4815 SWEETMEADOW CIRCLE**  
**SARASOTA, FL 34238**              **SARASOTA, FL 34238**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP      CF2E037 (10/03)

4. FEI Number  
**65-1033882**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DARNELL, ROBERT**  
**2033 MAIN STREET STE 400**  
**SARASOTA, FL 34237**

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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 \_\_\_\_\_

**CA# 2621**  
**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PERKINS, PAUL E
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	PERKINS, JOY J
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	PERKINS, BLAIR S
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	MANUEL, PAULA P
STREET ADDRESS	4815 SWEETMEADOW CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/15/04 00008-002 61.25

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.

**SIGNATURE:** *Paul E Perkins*      **PAUL E. PERKINS**      **JAN 9, 2004**      **9419238331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #