

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 009 ****61.25

DOCUMENT # N00000008368

1. Entity Name

THE RIPP FAMILY FOUNDATION, INC.



Principal Place of Business

920 ORCHID POINT WAY
 VERO BEACH FL 32963

Mailing Address

C/O ROBBINS & PIENARTELLE
 1776 BROADWAY 8TH FL
 NEW YORK NY 10019

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

920 Orchid Point Way

City & State

Zip

Country

City & State

Zip

Country

Vero Beach, FL

32963

4. FEI Number

31-1812345

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIPP, GERALDINE
 920 ORCHID POINT WAY
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	RIPP, ROBERT	
STREET ADDRESS	920 ORCHID POINT WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RIPP, GERALDINE	
STREET ADDRESS	920 ORCHID POINT WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIPP, ROBERT S	
STREET ADDRESS	16 MOUNTAINSIDE DRIVE	
CITY-ST-ZIP	CHATAM NJ 07928	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DESMOND, KATHLEEN	
STREET ADDRESS	4 ROBERTS WAY	
CITY-ST-ZIP	BEDFORD NH 03110	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIPP, JONATHAN	
STREET ADDRESS	5480 WISCONSIN AVE	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Geraldine Ripp*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 772 581-7461
 Date Daytime Phone #