

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008368

FILED
Jan 07, 2005
Secretary of State

Entity Name: THE RIPP FAMILY FOUNDATION, INC.

Current Principal Place of Business:

920 ORCHID POINT WAY
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

920 ORCHID POINT WAY
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 31-1812345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIPP, GERALDINE
920 ORCHID POINT WAY
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: RIPP, ROBERT
Address: 920 ORCHID POINT WAY
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: RIPP, GERALDINE
Address: 920 ORCHID POINT WAY
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: RIPP, ROBERT S
Address: 16 MOUNTAINSIDE DRIVE
City-St-Zip: CHATAM, NJ 07928

Title: DV () Delete
Name: DESMOND, KATHLEEN
Address: 4 ROBERTS WAY
City-St-Zip: BEDFORD, NH 03110

Title: SD () Delete
Name: RIPP, JONATHAN
Address: 5480 WISCONSIN AVE
City-St-Zip: CHEVY CHASE, MD 20815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT RIPP

CD

01/07/2005

Electronic Signature of Signing Officer or Director

Date