## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12421

FILED Apr 20, 2004 Secretary of State

Entity Name: SIDNEY AND LOIS GEFEN FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6299 - 8 POWERS AVE. 6260-D DUPONT STATION COURT

JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

P O BOX 551260 JACKSONVILLE, FL 32255

FEI Number: 59-2610691 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANSBACHER, LEWIS
5150 BELFORT RD
ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT RD

BLDG 100 BLDG 100

JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US

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: MICHAEL N. SCHNEIDER, VICE PRESIDENT 04/20/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 GEFEN, SIDNEY
 Name:
 GEFEN, SIDNEY

 Address:
 62299-8 POWERS AVE
 Address:
 6260-D DUPONT STATION COURT

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:
 JACKSONVILLE, FL 32217

Title: STD () Delete Title: STD (X) Change () Addition Name: GEFEN, LOIS, Name: GEFEN, LOIS,

Address: 6299-8 POWERS AVE Address: 6260-D DUPONT STATION COURT
City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: ANSBACHER, LEWIS, Name: JAFFE, BARBARA

 Address:
 5150 BELFORT RD #100
 Address:
 6260-D DUPONT STATION COURT

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32217

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: SIDNEY J. GEFEN P 04/20/2004