

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

**FILED  
Apr 24, 2004  
Secretary of State**

DOCUMENT# N17908

Entity Name: SPEN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

46 N. WASHINGTON BLVD  
#27  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

46 N. WASHINGTON BLVD  
#27  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 59-2742185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROWNING, GEORGE, III  
46 N. WASHINGTON BLVD., #27  
SARASOTA, FL 34236 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: PD ( ) Delete  
Name: RODEHEFFER, MADELEINE S  
Address: 11215 SE 284TH ST  
City-St-Zip: KENT, WA 98030 US

Title: VD ( ) Delete  
Name: GOLDBERG, PAUL,  
Address: 6813 MAURLEEN RD  
City-St-Zip: BALTIMORE, MD 21209

Title: SD ( ) Delete  
Name: BARNUM, SAMUEL  
Address: 1950 GOUGH ST #106  
City-St-Zip: SAN FRANCISCO, CA 94109 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: GOLDBERG, PAUL,  
Address: 7931 WINTERSET AVENUE  
City-St-Zip: BALTIMORE, MD 21203

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: MADELEINE S. RODEHEFFER

PD

04/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date