


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N46662
1. Entity Name
THE FALCK FOUNDATION, INC.



Principal Place of Business C/O RANDALL E. FALCK 8049 WHISPER LAKE LANE WEST PONTE VEDRA BEACH, FL 32082	Mailing Address C/O RANDALL E. FALCK 8049 WHISPER LAKE LANE WEST PONTE VEDRA BEACH, FL 32082
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04172004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3098588	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fees Required

6. Name and Address of Current Registered Agent

FALCK, RANDALL E.
8049 WHISPER LAKE LANE, WEST
PONTE VEDRA BEACH, FL 32082

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	TP FALCK, RANDALL E. L. 8049 WHISPER LAKE LANE, W PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVST FRANC, DAPHNE A 8049 WHISPER LAKE LANE, W PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WININGER, REBECCA F 5574 RAMBLEWOOD CT COLUMBUS, OH 43235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/04-80057-014 61.25

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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 Randall E. L. Falck, Pres RANDALL E. L. FALCK 4-18-04 (904) 285-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #