


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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90037 003 ****61.25

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| DOCUMENT # N94000002203 |  |
| 1. Entity Name THE BRAVERMAN FAMILY FOUNDATION, INC. | |

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| Principal Place of Business 4156 BRYNWOOD DR NAPLES FL 34119 US | Mailing Address 4156 BRYNWOOD DR NAPLES FL 34119 US |
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| 2. Principal Place of Business 4454 WAYSIDE DR. | 3. Mailing Address 4454 WAYSIDE DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-----------------------------------|-----------------------------------|
| City & State NAPLES, FL | City & State NAPLES, FL |
| Zip 34119 | Zip 34119 |
| Country | Country |

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| 6. Name and Address of Current Registered Agent BRAVERMAN, NEIL 4156 BRYNWOOD DR NAPLES FL 34119 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4454 WAYSIDE DR. City NAPLES, FL Zip Code 34119 | |
| 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 <u><i>Neil K Braverman</i></u> - PARTNER. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BRAVERMAN, NEIL 4156 BRYNWOOD DR NAPLES FL 34119 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4454 WAYSIDE DR. NAPLES, FL 34119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BRAVERMAN, JEANNE 4156 BRYNWOOD DR NAPLES FL 34119 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BRAVERMAN, STEVEN 4156 BRYNWOOD DR NAPLES FL 34119 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BRAVERMAN, DAVID 4156 BRYNWOOD DR NAPLES FL 34119 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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: <u><i>Neil K Braverman</i></u> - PARTNER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date | Daytime Phone # |
|--|--|------|-----------------|

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MOORE CR2E037 (11/03)