


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

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004273		
1. Entity Name THE PHILIP GUNNISON-FRANCIS ROSEN FOUNDATION, INC.		
Principal Place of Business % FRANCES ROSEN 279 S. BARRINGTON AVE. LOS ANGELES, CA 90049	Mailing Address % FRANCES ROSEN 279 S. BARRINGTON AVE. LOS ANGELES, CA 90049	
DO NOT WRITE IN THIS SPACE		



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-6158179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORBES, PHILIP H
1200 NORTH FEDERAL HIGHWAY
STE 411.
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contributor. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSEN, FRANCES 279 S. BARRINGTON AVENUE LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, DANIEL S 279 S. BARRINGTON AVENUE LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, RONALD K.S. 279 S. BARRINGTON AVENUE LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, LISA B 279 S. BARRINGTON AVENUE LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAYMOND, JOHN J JR. 1200 N. FEDERAL HIGHWAY, SUITE 411 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/04-80031-024 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: Frances Rosen 1/7/04 310-47-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #