

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2005
Secretary of State**

DOCUMENT# N94000004273

Entity Name: THE PHILIP GUNNISON-FRANCIS ROSEN FOUNDATION, INC.

Current Principal Place of Business:

% FRANCES ROSEN
279 S. BARRINGTON AVE.
LOS ANGELES, CA 90049

New Principal Place of Business:

Current Mailing Address:

% FRANCES ROSEN
279 S. BARRINGTON AVE.
LOS ANGELES, CA 90049

New Mailing Address:

FEI Number: 65-6158179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORBES, PHILIP H
1200 NORTH FEDERAL HIGHWAY
STE 411.
BOCA RATON, FL 33432 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: PTD () Delete
Name: ROSEN, FRANCES
Address: 279 S. BARRINGTON AVENUE
City-St-Zip: LOS ANGELES, CA 90049

Title: D () Delete
Name: ROSEN, DANIEL S
Address: 279 S. BARRINGTON AVENUE
City-St-Zip: LOS ANGELES, CA 90049

Title: D () Delete
Name: ROSEN, RONALD K.S.
Address: 279 S. BARRINGTON AVENUE
City-St-Zip: LOS ANGELES, CA 90049

Title: D () Delete
Name: HARDING, LISA B
Address: 279 S. BARRINGTON AVENUE
City-St-Zip: LOS ANGELES, CA 90049

Title: SD () Delete
Name: RAYMOND, JOHN J JR.
Address: 1200 N. FEDERAL HIGHWAY, SUITE 411
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FRANCES ROSEN

PTD

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date