

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90143 026 ****61.25

DOCUMENT # N96000003633



1. Entity Name
THE FUTURE FOUNDATION INC.

Principal Place of Business
**400 S FEDERAL HIGHWAY
HALLANDALE FL 33009
US**

Mailing Address
**400 S FEDERAL HIGHWAY
HALLANDALE FL 33009
US**

90012571



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0684443**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GOLDSTEIN, MARK
400 S FEDERAL HIGHWAY
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NAUGHTON, LINDA	
STREET ADDRESS	400 S. FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, DOROTHY	
STREET ADDRESS	400 S FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, MARY	
STREET ADDRESS	400 S FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLER, FRANCINE	
STREET ADDRESS	400 S FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

1-21-03 954-457-1300

CR2E037 (10/02)