


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

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90001 014 ****61.25

DOCUMENT # N96000006336			
1. Entity Name RABISON FAMILY FOUNDATION, INC.			
Principal Place of Business 1006 EAST CYPRESS DRIVE POMPANO BEACH FL 33069		Mailing Address 1006 EAST CYPRESS DRIVE POMPANO BEACH FL 33069	
2. Principal Place of Business 460 East Ocean Ave Suite, Apt. #, etc. Apt. 625 City & State Lantana, FL Zip 33462 Country USA		3. Mailing Address 460 East Ocean Ave Suite, Apt. #, etc. Apt 625 City & State Lantana, FL Zip 33462 Country USA	
4. FEI Number 65-6225556		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABISON, EVELYN 1006 EAST CYPRESS DRIVE POMPANO BEACH FL 33069		7. Name and Address of New Registered Agent Name N/A 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 Due By September 8, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RABISON, EVELYN 1006 E. CYPRESS DRIVE POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 460 East Ocean Ave, Apt 625 Lantana, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RABISON, SAMUEL D 112 KENDALL RD LEXINGTON MA <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	SD KUTZ-JACOBSON, SUE 56 USISHKIN ST TEL AVIV IS <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	T RABISON, EVELYN 1006 E. CYPRESS DRIVE POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rabison, Bruce 460 East Ocean Ave, Apt 625 Lantana, FL 33462
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
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: <i>Evelyn Rabison</i>		Evelyn Rabison	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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MOORE CR2E037 (4/04)