


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

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N98000007032</b><br>1. Entity Name<br><b>THE ANNE AND JOHN TATTA FAMILY FOUNDATION, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>20 BAY COLONY POINT<br/>FT LAUDERDALE FL 33308</b> | Mailing Address<br><b>20 BAY COLONY POINT<br/>FT LAUDERDALE FL 33308</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>Suite, Apt #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State   | City & State                              |
| Zip      Country                                     | Zip      Country                          |



MOORE      CR2E037 (11/03)

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>TATTA, JOHN<br/>20 BAY COLONY POINT<br/>FT LAUDERDALE FL 33308</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|---|--|

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 _____ |
|-----------------|--|------------|

|  |  |                                    |
|--|--|------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|--|------------------------------------|

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete<br><b>TATTA, ANNE</b><br>STREET ADDRESS<br><b>20 BAY COLONY POINT</b><br>CITY-ST-ZIP<br><b>FT LAUDERDALE FL 33308</b>        |
| TITLE                      | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete<br><b>TATTA, JOHN</b><br>STREET ADDRESS<br><b>20 BAY COLONY POINT</b><br>CITY-ST-ZIP<br><b>FT LAUDERDALE FL 33308</b>        |
| TITLE                      | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete<br><b>DECABIA, DEBORAH T</b><br>STREET ADDRESS<br><b>20 BAY COLONY POINT</b><br>CITY-ST-ZIP<br><b>FT LAUDERDALE FL 33308</b> |
| TITLE                      | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete<br><b>CROWLEY, LISA T</b><br>STREET ADDRESS<br><b>20 BAY COLONY POINT</b><br>CITY-ST-ZIP<br><b>FT LAUDERDALE FL 33308</b>    |
| TITLE                      | <input type="checkbox"/> Add <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| TITLE                      | <input type="checkbox"/> Add <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

000000045843  
02/11/04-80075-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **JOHN TATTA, DIRECTOR**      2/11/04      954-771-5883

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #