


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002838	
1. Entity Name THE SPRINGBORN FAMILY FOUNDATION, INC.	

Principal Place of Business 4601 GULF SHORE BLVD NORTH NAPLES, FL 34103	Mailing Address C/O GOODMAN & BREEN 3838 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103
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04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-4198540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOODMAN & BREEN 3838 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103
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**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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

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

000000133364
04/27/04-80084-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SPRINGBORN, CAROLYN J 4601 GULF SHORE BLVD NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SPRINGBORN, ROBERT C 4601 GULF SHORE BLVD NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPRINGBORN, DEBORAH L 3342 VILLAGE COURT CAMERON PARK, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Carolyn J. Springborn 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #