2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F94000003932

FILED Jan 27, 2005 08:00 AN

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CORPOR	EN AND SUZAN FOX FAM ATION	ILY FOUNDATION			2001	etary (,,
Principal Plan	ce of Business	Mailing Address					
173 COMM JUPITER FL	ODORE DRIVE _ 33477	173 COMMODORE DRI JUPITER FL 33477	IVE				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MC	ORE CR2E0	37 (10/04)	
City & Sta	te	City & State		4. FEI Number 6	5-0483479	J	oplied For ot Applicable
Zıp	Country	Zıp	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curren	Registered Agent		7. Name and Add	ress of New Registered	Agent	
==0\			Name				
FOX, ALLEN K 173 COMMODORE DRIVE JUPITER FL 33477		Street Address		(P.O. Box Number is Not Acceptable)			
301	11211112 33477		City		FI	L Zip Cod	<u> </u>
	e named entity submits this statement li tions of registered agent	or the purpose of changing its r	registered office or regis	itered agent, or both, in	the State of Florida. I am	n familiar with.	and accept
SIGNATURE	Jigheirin - Maed or printed name of repotered agen	tand tips tapplicable iNCFE	Hegistered Agent signature requ	ired when reinstaling)	CATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Cam Trust Fund Ca		\$5.00 May Be Added to Fees	Make Chec Florida Depa		
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	1 10
lite	D	☐ Delete	TiTL(E		J00000199981	☐ Change	Addition
NAME STREET AUDIESS OF CITABLE	FOX, ALLEN K 173 COMMODORE DRIVE JUPITER FL		NAME LITHEET ADDRESS	01/2	28705-80008-0:		
	<u> </u>		CITY-ST ZIP				
T(T) F NAME	TD FOX, ALLEN K	☐ Delete	TITLE NAME			☐ Change	Addition
		☐ Delete	TITLE			☐ Change	Addition
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GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cay the Property from the information supplies with this inling does not quarity for the exemption stated in Section 119 0/(3)(), Florida Statutes. Further certity 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.

Cay the Property of the corporation of 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.

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SIGNATURE: