

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 12, 2004 8:00 am
Secretary of State**

07-26-2004 90011 006 ****61.25

66431845



| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # N00000000042 | |  | |
| 1. Entity Name HUANG FAMILY FOUNDATION, INC. | | | |
| Principal Place of Business 1039 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 | | Mailing Address 1039 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Zip | | City & State Zip | |
| 6. Name and Address of Current Registered Agent STEFFEY, FRED H 6620 SOUTHPOINT DRIVE SOUTH STE #300 JACKSONVILLE, FL 32216-0989 | | 7. Name and Address of New Registered Agent Name: Timothy L. Flanagan, Esquire Street Address (P.O. Box Number is Not Acceptable) Purcell, Flanagan & Hay, P.A. 1548 Lancaster Terrace City: Jacksonville FL Zip Code: 32204 | |
| 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. <i>Lawrence P. Huang</i> | | | |
| SIGNATURE: <i>Lawrence P. Huang</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| DATE: 7/20/04 | | | |
| Filing 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: T NAME: HUANG, LAWRENCE P STREET ADDRESS: 1039 PONTE VEDRA BLVD CITY-ST-ZIP: PONTE VEDRA, FL 32082 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: T NAME: HUANG, NANCY J STREET ADDRESS: 1039 PONTE VEDRA BLVD CITY-ST-ZIP: PONTE VEDRA, FL 32082 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: T NAME: HUANG, ADAM M STREET ADDRESS: 7800 POINT MEADOWS DR. APT.1124 CITY-ST-ZIP: JACKSONVILLE, FL 32256 | <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 |
| 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>Lawrence P. Huang</i> | | Date: 7/20/04 Daytime Phone #: 904-472-1118 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Lawrence P. Huang | | | |

ATTACHMENT 66431845
NO00000000042
LAW OFFICES

PURCELL, FLANAGAN & HAY, P.A.

1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

TIMOTHY L. FLANAGAN*
JONATHAN L. HAY*
HARRIS L. BONNETTE, JR.*
JOHN I. FISHBURNE, III*
JOHN P. COLE
MICHAEL J. IVAN, JR.*
LINDA R. WICKER
THOMAS D. POINTNER
MARK O. WILHELM, II*
LORIE L. CHISM
JOANN LEIGH GRAMM*

*LL.M. IN TAXATION

MAILING ADDRESS:
POST OFFICE BOX 40749
JACKSONVILLE, FL 32203

THOMAS K. PURCELL
(1947 - 2004)

CLARENCE F. FRAZIER
OF COUNSEL

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August 10, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: **Huang Family Foundation, Inc.**

Dear Ladies/Gentlemen:

We are in receipt of your letter dated July 28, 2004, a copy of which is enclosed. As instructed, we have obtained the signature of the registered agent for the above-captioned foundation. Enclosed is 2004 Not-For-Profit Corporation Annual Report for filing. We previously sent our check for \$61.25 which you retained.

If you have any questions regarding the enclosed, please feel free to contact me.

Sincerely,

Suzanna D. Ryan

Suzanna D. Ryan
Legal Assistant

SDR:shr
Enclosure

cc: Mr. and Mrs. Lawrence P. Huang (w/ encl.)

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
Huang Family Foundation, Inc.
1000 N. 17th Street, Suite 100
Tallahassee, FL 32301-3000
Telephone: (850) 222-1000
Facsimile: (850) 222-1001
E-mail: info@huangfamily.org