

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000000501

1. Entity Name
EDWARD AND FREYDA BURNS FAMILY FOUNDATION,
INC.



Principal Place of Business
670 N.E. GOLDEN HARBOR DRIVE
BOCA RATON, FL 33432-2944

Mailing Address
670 N.E. GOLDEN HARBOR DRIVE
BOCA RATON, FL 33432-2944

FILED
Feb 03, 2004 08:00 AM
Secretary of State



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0982464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURNS, DANIEL
5061 NW 64TH DRIVE
CORAL SPRINGS, FL 33067

**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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURNS, EDWARD I 670 N.E. GOLDEN HARBOR DRIVE BOCA RATON, FL 334322944 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURNS, FREYDA 670 N.E. GOLDEN HARBOR DRIVE BOCA RATON, FL 334322944 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURNS, DANIEL 5061 N.W. 64TH DRIVE CORAL SPRINGS, FL 33067 |
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U000000028306
02/04/04-80020-010 61.25

**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)(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:

Edward I. Burns EDWARD I. BURNS 1/29/04 5613938185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #