

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003066

FILED
Apr 13, 2004
Secretary of State**Entity Name:** THE SERINE BONNIST FAMILY FOUNDATION, INC.**Current Principal Place of Business:**15208 BAHIA COURT
FORT MYERS, FL 33908**New Principal Place of Business:**20011 SANIBEL VIEW CIRCLE
202
FORT MYERS, FL 33908**Current Mailing Address:**15208 BAHIA COURT
FORT MYERS, FL 33908**New Mailing Address:**20011 SANIBEL VIEW CIRCLE
202
FORT MYERS, FL 33908**FEI Number:** 65-1009482**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FREY, CLAUDIA
15208 BAHIA COURT
FORT MYERS, FL 33908**Name and Address of New Registered Agent:**FREY, CLAUDIA
20011 SANIBEL VIEW CIRCLE
202
FORT MYERS, FL 33908

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.

SIGNATURE: _____

04/13/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREY, CLAUDIA
Address: 15208 BAHIA COURT
City-St-Zip: FORT MYERS, FL 33908

Title: STD () Delete
Name: CORD, VIVIEN
Address: 4 WHIPPORWILL LANE
City-St-Zip: ARMONK, NY 10504

Title: VD () Delete
Name: BONNIST, RANDOLPH
Address: 38 TAYLOR LANE
City-St-Zip: HARRISON, NY 10528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FREY, CLAUDIA
Address: 20011 SANIBEL VIEW CIRCLE #202
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA FREY

PD

04/13/2004

Electronic Signature of Signing Officer or Director

Date