


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90017 016 ****61.25

DOCUMENT # N00000004319	
1. Entity Name MCINTOSH FAMILY FOUNDATION, INC.	

Principal Place of Business 986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714	Mailing Address 986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714
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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3655758	Applied For 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 STARK, CHARLES H 986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714
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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, DONALD E 300 SW GREEN TR LEE'S SUMMIT, MO 64082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, NORENE 300 SW GREEN TR LEE'S SUMMIT, MO 64082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, BRUCE JOHN 248 NW PACIFIC GROVE DR BEAVERTON, OR 97006
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)(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: *Norene McIntosh* NORENE MCINTOSH 2-11-2004 (816) 537-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #