


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006809 1. Entity Name ABERNETHY FAMILY FOUNDATION, INC.	
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Principal Place of Business 900 VIRGINIA AVENUE #6 FORT PIERCE, FL 34982	Mailing Address 900 VIRGINIA AVENUE #6 FORT PIERCE, FL 34982
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1047993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABERNETHY, BRUCE R JR.
3609 E. WILDERNESS DRIVE
FORT PIERCE, FL 34982

**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 <input type="checkbox"/> \$5.00 May Be Added to Fees	000000128135 04/23/04-08:25 307 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABERNETHY, BRUCE R JR. 2400 S OCEAN DR, CORAL CLUSTER #1113 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABERNATHY, BRIDGET U 2400 S OCEAN DR, CORAL CLUSTER #1113 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABERNETHY, BRUCE R SR. 5807 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34950
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-22-04 Daytime Phone: 772-480-4901