

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 23, 2004 8:00 am**  
**Secretary of State**

09-23-2004 90001 032 \*\*\*\*61.25

**DOCUMENT # N00000008413**

1. Entity Name

THE IGWT FAMILY FOUNDATION, INC.



Principal Place of Business

3753 NE 214 STREET  
AVENTURA FL 33180

Mailing Address

PO BOX 2964  
HALLANDALE FL 33008

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1063836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RARICK, PHILLIP B ESQ.  
MIAMI LAKES EXECUTIVE CENTER  
7850 N.W. 146TH ST., SUITE 502  
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME MCGLASHAN, RUDOLPH A  
STREET ADDRESS 3753 NE 214 ST  
CITY-ST-ZIP AVENTURA GL 33180

TITLE VSD ☐ Delete  
NAME MCGLASHAN, PATRICIA A  
STREET ADDRESS 3753 NE 214 ST  
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete  
NAME ISELBORN, DAVID J  
STREET ADDRESS 3117 SEBRING COURT  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☐ Delete  
NAME RARICK, PHILLIP B  
STREET ADDRESS 7850 N.W. 146TH ST. SUITE 502  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Patricia Mcglashan* PATRICIA MCGLASHAN 9-20-2004 305-804-6748