2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 29, 2004 08:00 AM Secretary of State

DOCUMENT # N0100001245 1. Entity Name RUSSELL FAMILY FOUNDATION, INC.								Secré	tāry o	of Sta	te
Principal Place of Business Mailing Address 986 DOUGLAS AVE, STE 100 986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714								IRI HEELE RRHEE RWILL RR			
2. Principal Place of Business				ing Address							
Suite, Apt. #, etc.				ite, Apt. #, etc.			01082004	Chg-NP	CR2E03	7 (10/03)	
City & State			City & State				4. FEI Number 59-37007	777			plied For t Applicable
Zip	Country				Cou	ıntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current R	legistere	d Agent		7. Name and Address of New Registered Agent Name					
STARK, CHARLES H 986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	e e
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 farrilliar with, and accept the obligations of registered agent.											
SIGNATURE											
					npaign F Contribut	financing ion.	\$5.00 May Be Added to Fees		take check rida Depart		
10.		OFFICERS AND DIR	ECTORS		11.	- 3	ADDITIONS/CHAN	IGES TO OFFICE			
TITLE NAME SIFEE ADDRESS CITY-SI-ZIP	74 GREE	L, RICHARD L NWOOD CIR EYSBURG, FL 17043		☐ Delete		3		ไม่ได้เก็บั เมษาะวิจังกรษ	ŭŭ21244 -90191	്ത്ത് ഈ	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	74 GREE	L, LINDA H NWOOD CIR EYSBURG, FL 17043		☐ Cefete	•	1		14 X 14 15 1 17 1	Said Said As and As	☐ Change	* Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	631 S OR	T, COLORES LANDO AVE, STE 100 PARK, FL 32789		☐ Belete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete	5	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Belete	a de	ŧ.				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS A CITY-ST-ZIP				☐ Defete	CRY	E Et adoress -st-zip				Change	☐ Addition
12. I hereby a indicated of the cor	certify that the conthis report poration or to cor on an att	e information supplied with in ort or supplemental report is the receiver or trustee empore achment with an address, w	this filing true and a wered to with all oth	does not qualify for accurate and that re execute this report or like empowered.	r the exe ny signa as requi	mption stated in Seture shall have the red by Chapter 61	ection 119.07(3)(i), same legal effect a 7, Florida Statutes;	Florida Statutes, is if made under and that my nam	I further cert oath; that I a ne appears in	ify that the in m an officer Block 10 or	nformation or director Block 11 if