

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90022 005 ****61.25

DOCUMENT # N01000002166

1. Entity Name

THE CROSBY FAMILY FOUNDATION, INC.



Principal Place of Business

11 QUIDNIC ROAD
NEWTON, MA 02468

Mailing Address

11 QUIDNIC ROAD
NEWTON, MA 02468

94011196



01142004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

58-2611434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~DONOFF, CRAIG~~
~~6400 GLADES ROAD~~
~~SUITE 204~~
~~BOCA RATON, FL 33434~~

Thomas Workman, Jr
1700 S. Dixie Hwy
Suite 403
Boca Raton, FL 33432

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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]

CRA

1/30/04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROSBY, HARVEY
STREET ADDRESS	11 QUIDNIC ROAD
CITY-ST-ZIP	NEWTON, MA 02468
TITLE	TD
NAME	CROSBY, TINA B
STREET ADDRESS	11 QUIDNIC RD
CITY-ST-ZIP	NEWTON, MA 02468
TITLE	D
NAME	DONOFF, CRAIG Thomas Workman, Jr
STREET ADDRESS	6400 GLADES ROAD, SUITE 204 1700 S. Dixie Hwy
CITY-ST-ZIP	BOCA RATON, FL 33434 Suite 403 Boca Raton FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] PRESIDENT

HARVEY CROSBY

1/26/04

617-928-0700 x123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #