

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90204 002 \*\*\*\*61.25



|   |                           |   |   |  |                                   |
|---|---------------------------|---|---|--|-----------------------------------|
| DOCUMENT # N01000006692   |                           |   |   | 1. Entity Name<br>THE STILES FAMILY FOUNDATION, INC.   |                                   |
| Principal Place of Business<br>C/O STILES CORPORATION<br>300 S.E. 2ND STREET, 10TH FLOOR<br>FORT LAUDERDALE, FL 33301   |                           | Mailing Address<br>C/O STILES CORPORATION<br>300 S.E. 2ND STREET, 10TH FLOOR<br>FORT LAUDERDALE, FL 33301 |   |  |                                   |
| 2. Principal Place of Business  |                           | 3. Mailing Address  |   | 03032004 Chg-NP CR2E037 (10/03)<br><br>4. FEI Number<br>31-1808921 Applied For<br>Not Applicable<br><br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.   |   |  |                                   |
| City & State  |                           | City & State  |   |  |                                   |
| Zip   | Country                   | Zip   | Country   |  |                                   |
| 6. Name and Address of Current Registered Agent   |                           |   |   | 7. Name and Address of New Registered Agent  |                                   |
| STILES, TERRY W<br>C/O STILES CORPORATION<br>300 S.E. 2ND STREET, 10TH FLOOR<br>FORT LAUDERDALE, FL 33301   |                           |   |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                           |   |   |  |                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                       |   | \$5.00 May Be<br>Added to Fees   |                                   |
| Make check payable to<br>Florida Department of State  |                           |   |   |  |                                   |
| 10. OFFICERS AND DIRECTORS  |                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                   |
| TITLE   | P                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | STILES, TERRY W           |   | NAME  |  |                                   |
| STREET ADDRESS  | 229 NURMI DRIVE           |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33301 |   | CITY-ST-ZIP   |  |                                   |
| TITLE   | SV                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | STILES, SHARON            |   | NAME  |  |                                   |
| STREET ADDRESS  | 229 NURMI DRIVE           |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33301 |   | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | STILES, TRESA LESLIE      |   | NAME  | STILES, HERNANDEZ, TRESA LESLIE  |                                   |
| STREET ADDRESS  | 956 SE 10TH COURT         |   | STREET ADDRESS  | 956 SE 10th Court  |                                   |
| CITY-ST-ZIP   | POMPANO BEACH, FL 33060   |   | CITY-ST-ZIP   | Pompano Beach, FL 33060  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | STILES TIDWELL, CARRIE    |   | NAME  | 4313 NE 22 <sup>nd</sup> Avenue  |                                   |
| STREET ADDRESS  | 441 NE 9TH AVE            |   | STREET ADDRESS  | Fort Lauderdale, FL 33308  |                                   |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33301 |   | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | JONES, PATRICIA           |   | NAME  | 2881 NE 18 <sup>th</sup> Street  |                                   |
| STREET ADDRESS  | 4850 NW 65TH AVE          |   | STREET ADDRESS  | Pompano Beach, FL 33062  |                                   |
| CITY-ST-ZIP   | LAUDERHILL, FL 33319      |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change   |
| NAME  |                           |   | NAME  |  | <input type="checkbox"/> Addition |
| STREET ADDRESS  |                           |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                           |   | 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: _____  |                           | 3/9/04  |   | 954-627-9336   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           | Date  |   | Daytime Phone #  |                                   |