

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

|                                                            |                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> N01000007343                             |  |
| <b>1. Entity Name</b><br>LK HIRSCH FAMILY FOUNDATION, INC. |                                                                                   |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>60 LA COSTA CT.<br>VERO BEACH, FL 32963 | <b>Mailing Address</b><br>60 LA COSTA CT.<br>VERO BEACH, FL 32963 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

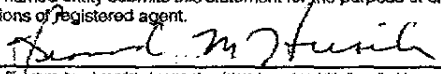
|                                    |                                                               |
|------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3749724 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---------------------------------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

|                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>HIRSCH, LEONARD<br>60 LA COSTA CT.<br>VERO BEACH, FL 32963 |
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**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.**

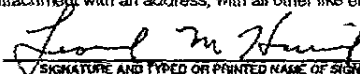
|                                                                                                      |                                                                             |             |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|
| <b>SIGNATURE</b>  | <small>(NOTE: Registered Agent signature required when reinstating)</small> | <b>DATE</b> |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|

|                                                           |                                                                                                                               |                                           |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 0100000064499<br>02/24/04-80015-008 61.25 |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                 |                                                                                    |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>HIRSCH, LEONARD<br>60 LA COSTA CT.<br>VERO BEACH, FL 32963                    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>STARK, CHARLES H<br>988 DOUGLAS AVE., STE. 100<br>ALTAMONTE SPRINGS, FL 32714 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>HIRSCH, KATHLEEN M<br>60 LA COSTA CT.<br>VERO BEACH, FL 32963                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    |

**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)(f), 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.**

|                                                                                                                                |                                     |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>SIGNATURE:</b>  <b>LEONARD M. HIRSCH</b> | <b>2/4/04</b>                       |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                              | <small>Date Daytime Phone #</small> |