2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N01000007343

1. Entity Name
LK HIRSCH FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
60 LA COSTA CT. VERO BEACH, FL 32963	60 LA COSTA CT. VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3749724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIRSCH, LEONARD
60 LA COSTA CT.
VERO BEACH, FL 32963

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000084499
02/24/04-80015-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIRSCH, LEONARD
STREET ADDRESS	60 LA COSTA CT.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	STARK, CHARLES H
STREET ADDRESS	986 DOUGLAS AVE., STE. 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	HIRSCH, KATHLEEN M
STREET ADDRESS	60 LA COSTA CT.
CITY-ST-ZIP	VERO BEACH, FL 32963
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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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: _____ LEONARD M. HIRSCH 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #