

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007556

Entity Name: FAMILY HISTORY FOUNDATION, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

13017 SW 88TH LANE
MIAMI, FL 33186

New Principal Place of Business:

17101 NE 14TH AVENUE
#5
MIAMI, FL 33162

Current Mailing Address:

P.O. BOX 600364
N MIAMI BEACH, FL 331600364

New Mailing Address:

FEI Number: 65-1152378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, ROBERT A
13017 SW 88TH LANE
MIAMI, FL 33186

Name and Address of New Registered Agent:

STEVENS, ROBERT A
17101 NE 14TH AVENUE
#5
MIAMI, FL 33162

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.

SIGNATURE:

01/13/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEVENS, ROBERT A
Address: 13017 SW 88TH LANE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MAYER, DOUGLAS
Address: 1800 SW 1ST STREET, SUITE 206
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: GEFTNER, SHELLY
Address: 11049 SW 70TH TERR
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: WALESH, SIDNEY L
Address: 325 S ATLANTIC DRIVE
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: HARRAH, MARY
Address: 31 HALF MOON WAY
City-St-Zip: CLYDE, NC 28721

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEVENS, ROBERT A
Address: 17101 NE 14TH AVENUE, #5
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. STEVENS

PD

01/13/2004

Electronic Signature of Signing Officer or Director

Date