

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

**FILED  
Mar 26, 2004  
Secretary of State**

DOCUMENT# N02000008575

Entity Name: KENNETH AND TAMMIE PAGE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2250 E MAYA PALM DRIVE  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THOMAS V. SICILIANO, P.A.  
980 N FEDERAL HWY #440  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 05-0538111      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SICILIANO, THOMAS V  
980 N FEDERAL HWY STE 440  
BOCA RATON, FL 33432    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: PAGE, KENNETH E  
Address: 2250 E MAYA PALM DR  
City-St-Zip: BOCA RATON, FL 33432

Title: SD      ( ) Delete  
Name: PAGE, TAMMIE G  
Address: 2250 E MAYA PALM DR  
City-St-Zip: BOCA RATON, FL 33432

Title: TD      ( ) Delete  
Name: MOFFA, EDWARD P  
Address: 9300-9350 W ATLANTIC BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KENNETH PAGE

PD

03/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date