## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 07, 2004 8:00 am Secretary of State

07-07-2004 90003 035 \*\*\*\*70 00

1. Entity Name THE CUTLER FAMILY FOUNDATION, INC.								U	/-0/-2004	90003	033	70.00
16596 CAPTIVA DRIVE P. C			lailing Address P. O. BOX 333 CAPTIVA, FL 33924								4060	166
2. Principal P	Place of Business	3. Mail	ling Address	<del></del>								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				07022004	. Ch	g-NP	CR2E	037 (10/03)	
City & State		Cit	City & State				4. FEI Num	ber O	0565	79		Applied For Not Applicable
Zip	Country	Zip		Cou	intry		5. Certifica	te of Sta	tus Desired	X	\$8.75 A Fee Requi	
	6. Name and Address of Cu	rrent Registere	d Agent				7. Name a	nd Addı	ess of New R	legistered	d Agent	
16596 CAP	STÉPHEN PTIVA DRIVE FL, FL 33924				Name Street A	ddress (f	P.O. Box Nurr	ber is N	lot Acceptable	9)		
					City	•••••			·	F	L Zip Co	de
the obligati	tions of registered agent.											
SIGNATURE .	Signature, typed or printed name of registerer	d agent and title if app	olicable. (NOTE	: Registered	d Agent signati	ure required	when rainstating)			OATE		
	Signature, typed or printed name of registered Filling Fee is \$61.25 ue by September 8, 2004		9. Election Carr Trust Fund C	npaign F	inancing	ure required	when reinstating) \$5.00 May Added to Fee			lake che	ck payable	
	Filing Fee is \$61.25 ue by September 8, 2004		9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May Added to Fed	s		lake che rida Dep	ck payable artment of	State
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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 of 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 the empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

7/2/2004 239-472-9474

Daytime Phone #