2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # N03000008957 1. Entity Name THE WARREN FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 815 NE 75TH ST 815 NE 75TH ST **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 56-2403637 Not Applicable Zio. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARREN, MARK Street Address (P.O. Box Number is Not Acceptable) 815 NE 75TH ST **BOCA RATON FL 33487** Zip Code 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 Signature, typed or primed name of registered agent and title if applicable (NCTE Hagistered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete Change Addition U00000304833 04/14/05-80053-010 61.25 WARREN, MARK NAME NAME 815 NE 75TH ST STREET ADDRESS STREET ADDRESS BOCA RATON FL 33487 CiTY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition WARREN, SHARON NAME NAME 815 NE 75TH ST STREET ADDRESS STREET ADDRESS BOCA RATON FL 33487 CITY - ST-7IP CHY-SI-2IP תו TITLE ☐ Delete THE Change Addition COLGAN, SEAN P NAME NAME 815 NE 75TH ST STREET ADDRESS STREET ADDRESS BOCA RATON FL 33487 CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DHE Change Addition NAME NAME STREET ADDRESS SIPEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7P CLTY-ST-7IP

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: Much Warred
SIGNATURE and TYPED OF PRINTED NAME OFFICER OF DIRECTOR

4-8-05 610-688-3165

Date Destruct Phone V

**FILED**