


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17310</b>	
1. Entity Name THE ECCLESTONE FAMILY FOUNDATION, INC.	

Principal Place of Business 1555 PALM BCH LAKES BLVD 1100 P.O. BOX 3267 WEST PALM BCH, FL 33402	Mailing Address 1555 PALM BCH LAKES BLVD 1100 P.O. BOX 3267 WEST PALM BCH, FL 33402
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02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2719330	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  ECCLESTONE JR., E.L. 1555 PALM BCH LAKES BLVD 1100 W PALM BCH, FL 33401	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000103960 04/05/04-80078-006 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COOPER, RON 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BISHOP, PATRICE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP E L ECCLESTONE 1555 PALM BEACH LAKES BLVD STE 1100 W PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ECCLESTONE, DIANA 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401
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:**  **Ron Cooper** **4/1/04** **561/686-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #