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

DO NOT WRITE IN THIS SPACE

DOCUMENT # N17310 * ^

1. Entity Name

THE ECCLESTONE FAMILY FOUNDATION, INC.



Principal Place of Business

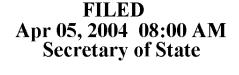
1555 PALM BCH LAKES BLVD 1100

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





02092004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2719330

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ECCLESTONE JR., E.L. 1555 PALM BCH LAKES BLVD 1100 W PALM BCH, FL 33401

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	R applicable (NOTE Registered A	ent signatur	• required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financh Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000103960 04/05/04-80078-005 70.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOPER, RON 1555 PALM BEACH LAKES BLVD #1 WEST PALM BEACH, FL 33401	100				
fitle name street address city-SI-ZIP	DS GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401					
TITLE NAME STREET ADDRESS CITY+S1-ZIP	D BISHOP, PATRICE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401			DO NOT WRITE IN THIS SPACE		
Title Name Street Address City-Si-Zip	DCP E L ECCLESTONE 1555 PALM BEACH LAKES BLVD STE 1100 W PALM BEACH, FL 33401 DV ECCLESTONE, DIANA 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401					
TITLE HAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filling 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 any address with all other like empowered.

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Cooper

4/1/04

561/686-2000

Daytime Prone #