


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N17403 1. Entity Name WILLNER FAMILY FOUNDATION, INC.	
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Principal Place of Business 1900 NW CORPORATE BLVD SUITE 200 WEST BOCA RATON, FL 33431	Mailing Address 1900 NW CORPORATE BLVD SUITE 200 WEST BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-3375676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLNER, ALBERT
1900 NW CORPORATE BLVD
STE 200 WEST
BOCA RATON, FL 33431

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IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLNER, ALBERT 1900 NW CORPORATE BLVD, STE 200 WEST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLNER, JOSEPH 1900 NW CORPORATE BLVD, STE 200 WEST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMGARDEN, JANE 1900 NW CORPORATE BLVD, STE 200 WEST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000030128
02/04/04-80095-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2-1-04 (561)362-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #