


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

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N28902 1. Entity Name KEARNS FAMILY FOUNDATION, INC.	
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Principal Place of Business 2540 DEL LAGO DRIVE FT. LAUDERDALE, FL 33316	Mailing Address 2540 DEL LAGO DRIVE FT. LAUDERDALE, FL 33316
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04192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0078715	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

**RUDOLF & HOFFMAN PA
615 NE THIRD AVENUE
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE
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 **\$5.00** May Be Added to Fees

U00000132599
04/27/04-80053-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEARNS, RICHARD O. 2540 DEL LAGO DR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KEARNS, VIRGINIA A. 2540 DEL LAGO DR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNS, THOMAS M. 2871 NE 26 STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, NANCY ANN 2540 DEL LAGO DR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 lists empowered.

SIGNATURE: *Richard O. Kearns* **RICHARD O. KEARNS** 4/27/04
Date: _____ Daytime Phone #: _____