

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90007 041 ****70.00

DOCUMENT # N29236					
1. Entity Name HANNAH KAHN POETRY FOUNDATION LTD, INC.					
Principal Place of Business 3630 BATTERSEA ROAD C/O FRED WITKOFF MIAMI, FL 33133-6805			Mailing Address 3630 BATTERSEA ROAD C/O FRED WITKOFF MIAMI, FL 33133-6805		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0126998	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WITKOFF, FRED 3630 BATTERSEA ROAD MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <i>Barbra Nightingale</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <i>Barbra Nightingale</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITKOFF, FRED 3630 BATTERSEA RD. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, MAGI 4970 SHERIDAN ST HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIGHTINGALE, BARBARA 223 N 52ND AVE HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIGHTINGALE, BARBARA 2231 N. 52nd Ave HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barbra Nightingale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>7/12/04</i> Daytime Phone #: <i>954 961 7126</i>		