


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90004 039 ****61.25

DOCUMENT # N38211

1. Entity Name
SAM & LOTTIE FRIEDLAND CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address

11729 ~~HIGHLAND PLACE~~ 11729 ~~HIGHLAND PLACE~~
 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

94004112



DO NOT WRITE IN THIS SPACE

01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0192393 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRUMER, KEITH T.
 ONE EAST BROWARD BLVD.
 SUITE 1501
 FT. LAUDERDALE, FL 33301**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRUMER, KEITH T
STREET ADDRESS	1 E BROWARD BLVD, SUITE 1501
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D
NAME	FRIEDLAND, SANDRA
STREET ADDRESS	1705 EAGLE TRACE BLVD WEST 11729 HIGHLAND PL.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	TESLER, ESTELLE
STREET ADDRESS	10960 NW 17 PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Sandra Friedland* **1/16/04** **954-753-5036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #