

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

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39422**

1. Entity Name

R.E. AND JOAN S. ALLEN FOUNDATION, INC.



Principal Place of Business

% ALLEN INVESTMENTS, INC.  
2400 S. FEDERAL HIGHWAY, #200  
STUART, FL 34994

Mailing Address

% ALLEN INVESTMENTS, INC.  
2400 S. FEDERAL HIGHWAY, #200  
STUART, FL 34994



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number

65-0225533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

C/O ALLEN INVESTMENTS INC  
2400 S. FEDERAL HIGHWAY  
SUITE 200  
STUART, FL 34994

**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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD  
NAME ALLEN, R.E.  
STREET ADDRESS 2400 S FEDERAL HWY #200  
CITY-ST-ZIP STUART, FL

TITLE VD  
NAME ALLEN, RICHARD S.  
STREET ADDRESS 2400 S FEDERAL HWY #200  
CITY-ST-ZIP STUART, FL

TITLE SD  
NAME ALLEN, KAREN, PH.D.  
STREET ADDRESS 2400 S FEDERAL HWY #200  
CITY-ST-ZIP STUART, FL

TITLE VD  
NAME ALLEN, REX  
STREET ADDRESS 2400 S FEDERAL HWY #200  
CITY-ST-ZIP STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000025320  
02/02/04-80102-005 61.25

**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)(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:

*R.E. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.E. Allen

1-27-04

Date

772-288-9800

Daytime Phone #