

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90050 021 \*\*\*\*61.25

**DOCUMENT # N92000000285**

1. Entity Name

**THE MARY ANN AND HAROLD PERPER FOUNDATION,  
INC.**



Principal Place of Business

**331 S.E. 9TH LANE  
BOCA RATON FL 33432  
US**

Mailing Address

**331 S.E. 9TH LANE  
BOCA RATON FL 33432  
US**

2. Principal Place of Business

**331 SE Mizner Lake Estates Dr.**  
Suite, Apt. #, etc.

3. Mailing Address

**331 SE Mizner Lake Estates Dr.**  
Suite, Apt. #, etc.

City & State  
**Boca Raton, FL.**

City & State  
**Boca Raton, FL.**

4. FEI Number

**65-0370994**

Applied For

Not Applicable

Zip  
**33432**

Country  
**USA**

Zip  
**33432**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PERPER, HAROLD E  
331 SE 9TH LANE  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**331 SE Mizner Lake Estates Drive**

City

**Boca Raton**

**FL**

Zip Code  
**33432**

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

*Harold E Perper*

**1-26-04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **PERPER, HAROLD E**  
STREET ADDRESS **331 SE 9TH LANE**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VPD** ☐ Delete  
NAME **RAFFERTY, CATHERINE, M**  
STREET ADDRESS **4400 48TH ST NW**  
CITY-ST-ZIP **WASHINGTON DC 20016**

TITLE **STD** ☐ Delete  
NAME **PERPER, MARY A**  
STREET ADDRESS **331 SE 9TH LANE**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **331 SE Mizner Lake Estates Drive**  
CITY-ST-ZIP **Boca Raton, FL. 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **331 SE Mizner Lake Estates Drive**  
CITY-ST-ZIP **Boca Raton, FL. 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Harold E Perper*

**HAROLD E. PERPER**

**1/24/04**

**561/368-9101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #