


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90089 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005197					
1. Corporation Name TOWNE FAMILY FOUNDATION, INC.					
Principal Place of Business 3900 OAKS CLUBHOUSE DRIVE BLDG. 76. APARTMENT 207 POMPANO BEACH FL 33069			Mailing Address 3900 OAKS CLUBHOUSE DRIVE BLDG. 76. APARTMENT 207 POMPANO BEACH FL 33069		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 N/A		26 N/A		10/20/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				65-0530930	
23 City & State		28 City & State		5. Certificate of Status Desired	
				NO	
24 Zip		29 Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
				NO	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOWNE, A C JR 3900 OAKS CLUBHOUSE DRIVE BLDG. 76. APARTMENT 207 POMPANO BEACH FL 33069				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE N/A DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TOWNE, JR. A			1.2 NAME			
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207			1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TOWNE, MARYLAND J.			2.2 NAME			
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PALMIERI, MADELIN T.			3.2 NAME			
STREET ADDRESS	639 TEAK CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	WALNUT CREEK CA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PALMIERI, LAURENCE			4.2 NAME			
STREET ADDRESS	639 TEAK CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	WALNUT CREEK CA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PALMIERI, KATHRYN			5.2 NAME			
STREET ADDRESS	639 TEAK CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	WALNUT CREEK CA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SUNKEN, STEPHANIE			6.2 NAME			
STREET ADDRESS	1024 POWER AVE #188			6.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURG CA 94565			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 2/10/99 954 972-8735
 A.C. Towne, Jr., President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E037 (11/98)