


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

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90047 008 \*\*\*\*61.25

<b>DOCUMENT # N94000005197</b>	
<b>1. Entity Name</b> TOWNE FAMILY FOUNDATION, INC.	

<b>Principal Place of Business</b> 3900 OAKS CLUBHOUSE DRIVE BLDG. 76, APARTMENT 207 POMPANO BEACH FL 33069	<b>Mailing Address</b> 3900 OAKS CLUBHOUSE DRIVE BLDG. 76, APARTMENT 207 POMPANO BEACH FL 33069
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<b>2. Principal Place of Business</b> 639 Teak Court	<b>3. Mailing Address</b> 639 Teak Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Walnut Creek, California	<b>City &amp; State</b> Walnut Creek, California
<b>Zip</b> 94598-1730	<b>Country</b> U.S.A.

	
<b>MOORE</b>	<b>CR2E037 (11/03)</b>
<b>4. FEI Number</b> 65-0530930	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	
PALMIERI, MADELIN T 3900 OAKS CLUBHOUSE DRIVE BLDG. 76, APARTMENT 207 POMPANO BEACH FL 33069	

<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b> Comerica Bank	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1800 Corporate Boulevard, N.W.	
<b>Suite</b> Suite 100	
<b>City</b> Boca Raton	<b>FL</b>
<b>Zip Code</b> 33431-7394	

<b>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.</b>	
<b>SIGNATURE</b> <i>Janeer Beecroft, Vice President</i>	<b>DATE</b> 3/26/04

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> PALMIERI, MADELIN T	
<b>STREET ADDRESS</b> 3900 OAKS CLUBHOUSE DR BLD 76 #207	
<b>CITY - ST - ZIP</b> POMPANO BEACH FL 33069	
<b>TITLE</b> D	<input checked="" type="checkbox"/> Delete
<b>NAME</b> TOWNE, MARYLAND J.	
<b>STREET ADDRESS</b> 3900 OAKS CLUBHOUSE DR BLD 76 #207	
<b>CITY - ST - ZIP</b> POMPANO BEACH FL	
<b>TITLE</b> TD	<input checked="" type="checkbox"/> Delete
<b>NAME</b> PALMIERI, MADELIN T.	
<b>STREET ADDRESS</b> 639 TEAK CT	
<b>CITY - ST - ZIP</b> WALNUT CREEK CA	
<b>TITLE</b> SD	<input type="checkbox"/> Delete
<b>NAME</b> PALMIERI, LAURENCE	
<b>STREET ADDRESS</b> 639 TEAK CT	
<b>CITY - ST - ZIP</b> WALNUT CREEK CA	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> PALMIERI, KATHRYN	
<b>STREET ADDRESS</b> 639 TEAK CT	
<b>CITY - ST - ZIP</b> WALNUT CREEK CA	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> PALMIERI, STEPHANIE	
<b>STREET ADDRESS</b> 639 TEAK COURT	
<b>CITY - ST - ZIP</b> WALNUT CREEK CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Palmieri, Madelin T.	
<b>STREET ADDRESS</b> 639 Teak Court	
<b>CITY - ST - ZIP</b> Walnut Creek, CA. 94598-1730	
<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Palmieri, Laurence J.	
<b>STREET ADDRESS</b> 639 Teak Court	
<b>CITY - ST - ZIP</b> Walnut Creek, CA. 94598-1730	
<b>TITLE</b> TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Palmieri, Kathryn J.	
<b>STREET ADDRESS</b> 5838 Amnest Way	
<b>CITY - ST - ZIP</b> Sacramento, CA. 95835-1914	
<b>TITLE</b> SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Palmieri, Stephanie A.	
<b>STREET ADDRESS</b> 286 Elm Street #6	
<b>CITY - ST - ZIP</b> San Carlos, CA. 94070	

<b>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.</b>	
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<b>SIGNATURE:</b> <i>Madelin T. Palmieri</i>	<b>Madelin T. Palmieri</b>	<b>3/20/04</b>	<b>(925)938-6785</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>