


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90020 035 ****61.25

DOCUMENT # N94000005929 <small>1. Entity Name</small> AFRICK FAMILY FOUNDATION, INC.	
--	---

<small>Principal Place of Business</small> 16680 ECHO HOLLOW CIR DELRAY BEACH, FL 33484 US	<small>Mailing Address</small> 16680 ECHO HOLLOW CIR DELRAY BEACH, FL 33484 US
--	--

54063903



07162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0538688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLISH, SHELDON
 350 EAST LAS OLAS BLVD
 SUITE 1000
 FT LAUDERDALE, FL 33301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFRICK, JACK 16680 ECHO HOLLOW CIR DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AFRICK, EVELYN 16680 ECHO HOLLOW CIR DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AFRICK, LANCE M 10 ROSA PARK 920 BOYFARRE ST. NEW ORLEANS, LA 70118 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AFRICK, STEVEN B 2750 STIRRUP LANE FT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AFRICK, PAMELA B 43 ROYAL PALM DRIVE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: *Jack Africk* Jack AFRICK 7/16/04 561-394-5678

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