

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90171 027 ****61.25

UBR 1000

DOCUMENT # N94000005929



1. Entity Name
AFRICK FAMILY FOUNDATION, INC.

Principal Place of Business Mailing Address
16680 ECHO HOLLOW CIR 16680 ECHO HOLLOW CIR
DELRAY BEACH FL 33484 DELRAY BEACH FL 33484
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0538688** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~POLISH; SHELDON~~
515 E LAS OLAS BLVD
SUITE 1500
FT LAUDERDALE FL 33301

Name
Street Address (P.O. Box Number is Not Acceptable)
350 EAST LAS OLAS BLVD
SUITE 1000
City **FT LAUDERDALE** FL Zip Code **33301**

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 _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	AFRICK, JACK	
STREET ADDRESS	16680 ECHO HOLLOW CIR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AFRICK, EVELYN	
STREET ADDRESS	16680 ECHO HOLLOW CIR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	AFRICK, LANCE M	
STREET ADDRESS	10 ROSA PARK	
CITY-ST-ZIP	NEW ORLEANS LA 70115-5044	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AFRICK, STEVEN B	
STREET ADDRESS	2750 STIRRUP LANE	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AFRICK, PAMELA B	
STREET ADDRESS	43 ROYAL PALM DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR**

8/11/03 561-394-5678

CR2E037 (4/03)