


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004157 1. Entity Name THE MYERS FAMILY FOUNDATION, INC.	
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Principal Place of Business 460 WORTH AVE. PALM BEACH, FL 33480	Mailing Address 460 WORTH AVE. PALM BEACH, FL 33480
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02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0608294	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MYERS, STEPHEN E 460 WORTH AVE. PALM BEACH, FL 33480
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**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 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 MYERS, STEPHEN E 460 WORTH AVE. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, STEPHEN E JR. 621 LINDERMUN LANE MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPKIND, WILLIAM D 80 MAIN ST. WEST ORANGE, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000062821
02/23/04-80135-016 61.25

**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 an other like empowered.

SIGNATURE:  **(973) 325-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
WILLIAM D. LIPKIND, DIRECTOR