


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

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001079**

1. Entity Name  
PHILIP M. SCHWARTZ AND LEE G. SCHWARTZ  
PHILANTHROPIC FOUNDATION, INC.



Principal Place of Business 13356 - 88TH AVE N SEMINOLE, FL 33776	Mailing Address 13356-88 AVE N SEMINOLE, FL 33776
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**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1465773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARGER, BRUCE ESQUIRE  
360 CENTRAL AVENUE  
SUITE 1500  
ST. PETERSBURG, FL 33701

**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 May 1, 2004**

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

UDDDDDD051065  
02/16/04-80738-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LIPMAN, ELAINE 7980 LISA DAWN AVE LAS VEGAS, NV 89117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BINDERMAN, MAUREEN 11929 GLEEN MILL ROAD POTOMAC, MD 20854
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BORNSTEIN, BILLIE SUE 13356 - 88TH AVENUE SEMINOLE, FL 34646
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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: *X Billie Sue Bornstein* X 2-10-04

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