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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001492

1. Corporation Name

THE BIRK FAMILY FOUNDATION, INC.

Principal Place of Business

11988 S.E. INTRACOASTAL COURT
 TEQUESTA FL 33469

Mailing Address

11988 S.E. INTRACOASTAL COURT
 TEQUESTA FL 33469



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/19/1996

4. FEI Number

65-0661100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

BIRK, ROGER E
 11988 S.E. INTRACOASTAL COURT
 TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D BIRK, ROGER E**
 STREET ADDRESS **11988 S.E. INTRACOASTAL COURT**
 CITY-ST-ZIP **TEQUESTA FL 33469**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D BIRK, MARY L**
 STREET ADDRESS **11988 S.E. INTRACOASTAL COURT**
 CITY-ST-ZIP **TEQUESTA FL 33469**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D BIRK, KATHY A DR.**
 STREET ADDRESS **60 IDLEWOOD ROAD**
 CITY-ST-ZIP **ROCHESTER NY 14618**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D COLAS, MARY E**
 STREET ADDRESS **2912 PLEASANT GLEN DRIVE**
 CITY-ST-ZIP **HERNDON VA 22071**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D BILLSTRAND, BARBARA J**
 STREET ADDRESS **2721 SILVER MAPLE COURT**
 CITY-ST-ZIP **FLOWER MOUND TX 75028**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D BIRK, STEVEN R**
 STREET ADDRESS **208 AMBASSADOR DRIVE**
 CITY-ST-ZIP **RED BANK NJ 07701**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99 561-744-1066
 Date Daytime Phone #

CR2E037 (1/98)