

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004421

Entity Name: THE STUDLEY FAMILY FOUNDATION, INC.

FILED  
Feb 17, 2004  
Secretary of State

**Current Principal Place of Business:**

19624 PLANTERS POINT DR  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

19624 PLANTERS POINT DR  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 31-1479843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAGER, ROSS  
1000 N HIATUS ROAD  
PEMBROKE PINES, FL 33434 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STUDLEY, LOUISE C  
Address: 4702 FOUNTAINS DR SO #108  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete  
Name: STUDLEY, GARSON II  
Address: 4702 FOUNTAINS DR SO #108  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete  
Name: STUDLEY, DONALD M  
Address: 4702 FOUNTAINS DR SO #108  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARSON STUDLEY

SD

02/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date