

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

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005077**

1. Entity Name  
**THE ASARCH FAMILY CHARITABLE FOUNDATION, INC.**



Principal Place of Business  
**7140 LIONS HEAD LANE  
BOCA RATON, FL 33496**

Mailing Address  
**7140 LIONS HEAD LANE  
BOCA RATON, FL 33496**

**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0710107**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ASARCH, STEVEN J  
7777 GLADES ROAD  
SUITE 200  
BOCA RATON, FL 33434**

**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**

**000000089927  
03/16/04-80008-018 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP ASARCH, STEVEN J 7140 LIONS HEAD LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST ASARCH, GAIL M 7140 LIONS HEAD LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILMORE, RHONDA V 8305 S.W. 19TH STREET NORTH FORT LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: *Steve Asarch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/04*

DATE

Daytime Phone #