

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

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005825	
1. Entity Name RUTH AND BARON COLEMAN CHARITABLE FOUNDATION, INC.	
Principal Place of Business C/O PAUL GRAVENHORST ONE EAST BROWARD BLVD., SUITE 1300 FORT LAUDERDALE, FL 33301 US	Mailing Address C/O PAUL S. GRAVENHORST ONE EAST BROWARD BLVD. SUITE 1300 FORT LAUDERDALE, FL 33301



03032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0711225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAVENHORST, PAUL S HOLLAND KNIGHT LLP ONE EAST BROWARD BLVD. # 1300 FORT LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE
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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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

000000092213
03/18/04-80040-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, RUTH 7383 ORANGEWOOD LANE BOCA RATON, FL 33443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHEL, ROYCE C 6420 EAST VALLEY COURT NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWART, NANCY C P.O. BOX 9204 N/A JACKSON HOLE, WY 83002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAVENHORST, PAUL S ONE EAST BROWARD BLVD SUITE 1300 FT. LAUDERDALE, FL 33301
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)(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 in an attachment with an address, with all other like empowered.

SIGNATURE: Paul S. Gravenhorst 4-1-04 954-468-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #