


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006575 1. Entity Name BARRY WISH FAMILY FOUNDATION, INC.			
Principal Place of Business C/O BARRY N. WISH 115 VIA LA SELVA PALM BEACH FL 33480		Mailing Address C/O BARRY N. WISH 115 VIA LA SELVA PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PERRY, DAVID L INTRASTATE REGISTERED AGENT CORPORTION 701 BRICKELL AVE., SUITE 300 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature typed or copied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> FILE NOW: FEE IS \$61.25 Due By May 1, 2004 </div>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISH, BARRY N	NAME	
STREET ADDRESS	115 VIA LA SELVA	STREET ADDRESS	U00000025951
CITY - ST - ZIP	PALM BEACH FL	CITY - ST - ZIP	02/02/04-80126-011 61.25
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISH, JONATHAN ADESS	NAME	
STREET ADDRESS	115 VIA LA SELVA	STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, STACEY ADESS	NAME	
STREET ADDRESS	115 VIA LA SELVA	STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISH, LINDSEY	NAME	
STREET ADDRESS	115 VIA LA SELVA	STREET ADDRESS	
CITY - ST - ZIP	PALM BCH FL	CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISH, OBLIO	NAME	
STREET ADDRESS	115 VIA LA SELVA	STREET ADDRESS	
CITY - ST - ZIP	PALM BCH FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *[Signature]* BARRY N. WISH, Pres 1/28/04 561655-1586