
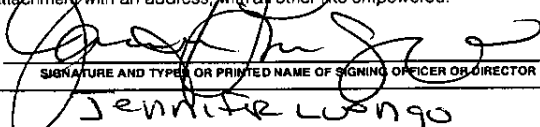


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90042 012 ****61.25

DOCUMENT # N97000000636 1. Entity Name THE EVERGREEN FUND FOUNDATION, INC.					
Principal Place of Business 112 ARTHUR DRIVE MANAHAWKIN, NJ 08050			Mailing Address C/O BEDERSON & COMPANY 405 NORTHFIELD AVENUE WEST ORANGE, NJ 07052		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1511732	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	FINKLE, JAMES C		NAME		
STREET ADDRESS	6 OVAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ESSEX FALLS, NJ 07021		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'ALESSIO, JERRY		NAME		
STREET ADDRESS	54 BELLEVUE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BELLEVILLE, NJ 07109		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUONGO, JENNIFER		NAME		
STREET ADDRESS	46 JANNERONE STREET		STREET ADDRESS	108 Passaic Avenue, #27C	
CITY-ST-ZIP	BELLEVUE, NJ 07109		CITY-ST-ZIP	Nutley, NJ 07110	
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'ALESSIO, THOMAS		NAME		
STREET ADDRESS	19670 BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER ISLAND, FL 33469		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		
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)(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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JENNIFER LUONGO			2/5/04 973-662-7199 <small>Date Daytime Phone #</small>		