



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|---|---|--|--|---|--|--|---|
| DOCUMENT # N97000000892 1. Entity Name THE OKUN FAMILY FOUNDATION, INC. | | | |  | | FILED 04 OCT -5 PM 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 28 HARRISON AVE STE 201 ENGLISHTOWN, NJ 07726 | | | | Mailing Address 28 HARRISON AVE STE 201 ENGLISHTOWN, NJ 07726 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | | | | |
| 4. FEI Number 65-0749122 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 08262004 Chg-NP CR2E037 (10/03) | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| DONOFF, CRAIG 6100 GLADES ROAD, SUITE 204 BOCA RATON, FL 33434 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Filing Fee is \$61.25 Due by September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP | T HARBOREDGE 401 EAST LINTON BLVD APT 357 DELRAY BEACH, FL 33483 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T, P ROWAT, RITA WINONA 9535 POOLE ST. LA JOLLA, CA 92037 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OKUN, JAY P 28 HARRISON AVE STE 201 ENGLISHTOWN, NJ 07726 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROWAT, PETER FORBES 9535 POOLE ST. LA JOLLA, CA 92037 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ROWAT, RITA WINONA 5500 N.W. 2ND AVE., #425 BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500041605405 10/05/04--01038--015 ***61.25 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Peter F Rowat</u> PETER F. ROWAT | | | | Date: <u>Sept. 27, 2004</u> 858-534-4187 | | | |