


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

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001435 1. Entity Name THE BARBARA AND NEAL HENSCHEL CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 5834 NW 26TH COURT BOCA RATON, FL 33496	Mailing Address 5834 NW 26TH COURT BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0735563	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENSCHEL, NEAL 5834 NW 26TH COURT BOCA RATON, FL 33496
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	U000000153314 05/04/04-80121-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HENSCHEL, NEAL 5834 NW 26TH COURT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENSCHEL, BARBARA 5834 NW 26TH COURT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSCHEL, JEFFREY 3872 NW 53RD STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSCHEL, ANDREW S 2035 NE 197 TERRACE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSCHEL, BENJAMIN 22274 MORNING GLORY TERRACE DEERFIELD BEACH, FL 33441
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 on an attachment with an address, with all other filers empowered.

SIGNATURE:  **4/29/04** **800-950-3314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #