2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002566

1. Entity Name
HUDSON FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~1000 SE 3 AVE~~ /850 SE 17th St. Suite 300	~~1000 SE 3 AVE~~ 1850 SE 17th St. Suite 300
FT. LAUDERDALE, FL 33316	FT. LAUDERDALE, FL 33316

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02152005   No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
65-0753612		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, HOLLY J
~~1080 SE 3 AVE~~ 1850 SE 17th St, Suite 300
FT. LAUDERDALE, FL 33316

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUDSON, BONNIE J
STREET ADDRESS	529 BONTONA AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	DV
NAME	HUDSON, HARRIS W
STREET ADDRESS	529 BONTONA AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	DS
NAME	HUDSON, STEVEN W
STREET ADDRESS	529 BONTONA AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	DT
NAME	HUDSON, HOLLY J
STREET ADDRESS	529 BONTONA AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Steven W. Hudson _____ 3/29/05 954-356-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #