

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002715

1. Entity Name
THE TRAVERS FAMILY FOUNDATION, INC.



Principal Place of Business
**3301 ARUBA WAY #G-2
COCONUT CREEK, FL 33066**

Mailing Address
**15105 ROSECROFT RD
ROCKVILLE, MD 20853 US**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DONOFF, CRAIG
6100 GLADES RD
SUITE 204
BOCA RATON, FL 33434**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY - ST - ZIP	DP TRAVERS, FRANCES G 3301 ARUBA WAY #G-2 COCONUT CREEK, FL 33066
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TRAVERS, ROSUSAN 15105 ROSECROFT RD ROCKVILLE, MD 20853
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TRAVERS, RICHARD D 8891 BOND CT MANASSAS, VA 22110
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000178259
01/12/05-80020-018 61.25

**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 like empowered

SIGNATURE: Rosusan Travers (ROSUSAN TRAVERS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 301 9291280

Date

Daytime Phone #