


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005531

1. Entity Name
SCOTT MICHAEL RUDD FOUNDATION, INC.



| | |
|--|--|
| Principal Place of Business 8177 NW 1ST STREET CORAL SPRINGS, FL 33071 | Mailing Address 8177 NW 1ST STREET CORAL SPRINGS, FL 33071 |
|--|--|

DO NOT WRITE IN THIS SPACE



02102004 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | 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

RUDD, MARK J
 8177 NW 1ST STREET
 CORAL SPRINGS, FL 33071

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

Filing Fee is \$61.25 Due by May 1, 2004

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 | PD RUDD, MARK 8177 N.W. 1ST STREET CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD RUDD, BETTY 8177 N.W. 1ST STREET CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD RUDD, FRANCINE 8177 N.W. 1ST STREET CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD RUDD, HENRY 8177 NW 1ST STREET CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

000000096471
 03/25/04-80032-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/23/04** **954-755-6464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #