2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000046

1. Entity Name
THE BOTWAY FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
6170 ROCKCLIFF DR LOS ANGELES, CA 90068	~~6170 ROCKCLIFF DR~~ ~~LOS ANGELES, CA 90068~~ PO BOX 2550 HOLLYWOOD CA 90078

01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
58-2363346
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAIG, DONOFF
18305 BISCAYNE BLVD #300
AVENTURA, FL 33160

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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 _____ 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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOTWAY, LLOYD
STREET ADDRESS	6170 ROCKCLIFF DR
CITY-ST-ZIP	LOS ANGELES, CA 90068
TITLE	SD
NAME	SMITH, LEONARD J
STREET ADDRESS	947 TIVERTON #361
CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	TD
NAME	WILLEY, MAURICE W
STREET ADDRESS	4755 S. BOND ST.
CITY-ST-ZIP	SEATTLE, WA 98118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80037-007 61.25

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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: _____ LLOYD BOTWAY 4-13-05 3234694945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #