2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003596

FILED Feb 13, 2004 Secretary of State

Entity Name: THE MARK A. MANSOUR AND SHARON A. MANSOUR FAMILY FOUNDATION. INC.

Current Principal Place of Business:			iess:	New Principal Place	New Principal Place of Business:	
	MMERCIAL BL	.VD				
20 DRT LAU	JDERDALE, FL	33308	US			
ırrent M	lailing Address	s:		New Mailing Addres	ss:	
	MMERCIAL BL	.VD				
20 PRT LAU	JDERDALE, FL	33308	US			
Number	: 65-0843891	FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and Address of Current Registered Agent:			egistered Agent:	Name and Address	Name and Address of New Registered Agent:	
00 ĞLAI	DES DOAD					
		US				
CA RA e above)-W TON, FL 33431		is statement for the	purpose of changing its registere	ed office or registered agent, or both,	
CA RA e above he State	O-W TON, FL 33431 named entity se of Florida. RE:	ubmits th			ed office or registered agent, or both,	
e above the State	O-W TON, FL 33431 named entity se of Florida. RE: Electroni	ubmits th	is statement for the ure of Registered A	gent	Date	
e above the State GNATUI	O-W TON, FL 33431 named entity se of Florida. RE:	ubmits th		gent		
CA RA e above he State NATUI	O-W TON, FL 33431 In named entity selectroni S AND DIRECT	ubmits the control of	ure of Registered A	gent	Date	
CA RA e above ne State iNATUI FICER: : : :ee: :eess:	D-W TON, FL 33431 In named entity set of Florida. RE: Electroni S AND DIRECT D () MANSOUR, MAR 2610 NE 40TH S FORT LAUDERE	ubmits the control of	ure of Registered A	gent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MANSOUR MR. 02/13/2004