2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N9800003777 1. Entity Name THE SPENCER PHILANTHROPIC FOUNDATION, INC.					FILED			
					04 OCT -5 AN 10:50			
Principal Place of Business 22604 ESPLANADA CIRCLE WEST BOCA RATON FL 33433		Mailing Address 22604 ESPLANADA CIRCLE WEST BOCA RATON FL 33433				SECRETAL TALLAHAS	RY UP STATE SEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			N	MOORE	CR2E037 (4/04)	
City & State		City & State			4. FEI Number	65-0853571	 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Ad	dress of New Reg	istered Agent	
HCF 220		Street Address (P.O. Box Number is Not Acceptable)						
SUI	· ·							
	CA RATON FL 33431		City				FL Zip Cod	e
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 Mon. Men.								
Signature, typed or of inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State								
10.	OFFICERS AND DII		11.	Αĺ	DDITIONS/CHANG	GES TO OFFICERS	AND DIRECTORS IN	
TITLE	SPENCER, GEORGE E	☐ Delete	TITLE NAME		000	Odino	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	22604 ESPLANADA CIRCLE WES' BOCA RATON FL 33433	I	STREET ADDRESS CITY-ST-ZIP-		10/04/04	010330	9070 03 **61.25	
TITLE	VD SPENCER, RHODA F	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	22604 ESPLANADA CIRCLE WES BOCA RATON FL 33433	т	NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE	SD SOFT	☐ Delete	TITLE		·		☐ Change	☐ Addition
NAME STREET_ADDRESS	SPENCER, SCOTT 22604 ESPLANADA CIRCLE WES	Т	NAME STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	☐ Delete	CITY-ST-ZIP			<u> </u>	Change	Addition
NAME		☐ Geiele	NAME				[_] Orango	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		* • · · · •		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			<u> </u>	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
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: SIGNATURE 1 1 1 1 1 1 1 1 1								