


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003839	
1. Entity Name DUNN FAMILY FOUNDATION OF FLORIDA, INC.	

Principal Place of Business 1200 N FEDERAL HWY STE 420 BOCA RATON, FL 33432 US	Mailing Address 1200 N FEDERAL HWY STE 420 BOCA RATON, FL 33432 US
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01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0898111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAYMOND, JOHN J SR 1200 N FEDERAL HWY STE 420 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND, JOHN J SR 1200 N FEDERAL HWY STE 420 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RAYMOND, ROSEMARY J 1200 N FEDERAL HWY STE 420 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYMOND, JOHN J JR 1200 N FEDERAL HWY STE 420 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK, RAYMOND F 1200 N. FEDERAL HWY STE 420 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/20/05-80010-017 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: *John J. Raymond* 1/13/05 561-3682157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #