


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005298	
1. Entity Name HEPBURN FAMILY FOUNDATION, INC.	

Principal Place of Business 517 NW 7TH CT, STE 2 HALLANDALE, FL 33008	Mailing Address PO BOX 245 HALLANDALE, FL 33008
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07232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0942874	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEPBURN-SAFFORLD, FLORINA
3851 NW 7TH PL, STE 2
FORT LAUDERDALE, FL 33311

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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 September 8, 2004	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	D HEPBURN-SAFFORLD, FLORINA 3851 NW 7TH PL FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN-MOBLEY, EUNICE 738 NW 3RD CT HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN-MCPHERSON, KATHERINE 413 SW 6TH AVE HALLANDALE, FL 33009
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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08/31/04-80002-008 70.00

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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: *Katherine Hephurn-McPherson* **8/25/04** **954-454-2970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Katherine Hephurn-McPherson