


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2005 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

DO NOT WRITE IN THIS SPACE

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04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0942874

5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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	D
NAME	HEPBURN-SAFFORLD, FLORINA
STREET ADDRESS	3851 NW 7TH PL
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	HEPBURN-MOBLEY, EUNICE
STREET ADDRESS	738 NW 3RD CT
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	HEPBURN-MCPHERSON, KATHERINE
STREET ADDRESS	413 SW 6TH AVE
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/05-80098-006 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 empowers.

SIGNATURE: Florina H. Safford 5/1/05 954-587-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #