

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005697
 1. Entity Name
 THE WARREN FOUNDATION, INC.



Principal Place of Business
 4550 HOOKS ROAD
 LAKE WORTH, FL 33467-3712

Mailing Address
 219 ROYAL POINCIANA WAY
 SUITE 10
 PALM BEACH, FL 33480



04072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 65-0867749 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TALERICO, GENE
 219 ROYAL POINCIANA WAY
 10
 PALM BEACH, FL 33480

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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: Gene Talerico, GENE TALERICO DATE: 4/14/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000117909
 04/19/04-80038-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WARREN, ROBERT M 303 E. 51ST STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, DANIELLE 219 ROYAL POINCIANA WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, AMOS 219 ROYAL POINCIANA WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TALERICO, EUGENE F 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Eugene F. Talerico, CFO, EUGENE F. TALERICO DATE: 4/14/04 DAYTIME PHONE: 212-752-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone