


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

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90018 010 \*\*\*\*61.25

<b>DOCUMENT # N99000001831</b>	
<b>1. Entity Name</b> FORESTER FAMILY FOUNDATION, INC.	

<b>Principal Place of Business</b> 1105 SOUTH RIO VISTA BLVD FT LAUDERDALE FL 33316	<b>Mailing Address</b> 1105 SOUTH RIO VISTA BLVD FT LAUDERDALE FL 33316
---	---

<b>2. Principal Place of Business</b> 1410 Sleepy Hollow Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1410 Sleepy Hollow Suite, Apt. #, etc.
--	--


<b>City &amp; State</b> Longview, TX	<b>City &amp; State</b> Longview, TX
<b>Zip</b> 75604	<b>Country</b> USA
<b>Zip</b> 75601	<b>Country</b> USA

<b>4. FEI Number</b> 65-0939386	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  ROGERS, ROMNEY C 1401 E BROWARD BLVD STE 300 FT LAUDERDALE FL 33301
---

<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
---

<b>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.</b>  SIGNATURE  DATE <i>March 20 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
---

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FORESTER, SAMUEL J JR</b> 1105 S RIO VISTA BLVD FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FORESTER, JULIE F</b> 1105 S RIO VISTA BLVD FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FORESTER, SAMUEL J III</b> 1105 S RIO VISTA BLVD FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FORESTER, SHARRA J</b> 1105 S RIO VISTA BLVD FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FORESTER, WHITNEY H</b> 1105 S RIO VISTA BLVD FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Forester, Samuel J., Jr.</b> 1410 Sleepy Hollow Longview, TX 75604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Forester, Julie F.</b> 1410 Sleepy Hollow Longview, TX 75604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Forester, Samuel, J., III</b> 1410 Sleepy Hollow Longview, TX 75604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Forester, Sharra J.</b> 1410 Sleepy Hollow Longview, TX 75604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Forester, Whitney H.</b> 1410 Sleepy Hollow Longview, TX 75604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>	<b>Daytime Phone #</b>
---	---	-------------	------------------------