

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90018 038 ****61.25

DOCUMENT # N99000002092

1. Entity Name
HERB SKOLNICK CULTURAL ARTS FOUNDATION, INC.



Principal Place of Business
**100 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33060**

Mailing Address
**100 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33060**

44020463



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0911630

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINN, GORDON B
100 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FOSTER, SUSAN**
STREET ADDRESS **100 W ATLANTIC BLVD**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☐ Change ☒ Addition
NAME **John C. Rayson**
STREET ADDRESS **100 W. Atlantic Blvd.**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **D** ☒ Delete
NAME **SKOLNICK, HERBERT F**
STREET ADDRESS **100 W ATLANTIC BLVD**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☐ Change ☒ Addition
NAME **Kay McGinn**
STREET ADDRESS **100 W. Atlantic Blvd.**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **D** ☐ Delete
NAME **FISHER, LAMAR**
STREET ADDRESS **100 W ATLANTIC BLVD**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LARKINS, PAT E**
STREET ADDRESS **100 W ATLANTIC BLVD**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PHILLIPS, ED**
STREET ADDRESS **100 W ATLANTIC BLVD**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☐ Change ☒ Addition
NAME **George Brummer**
STREET ADDRESS **100 W. Atlantic Blvd.**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John C. Rayson **John C. Rayson** 3-17-04 954 566 8855