


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000003698</b> 1. Entity Name <b>THE ARTHUR AND SUSAN KARP FAMILY CHARITABLE FOUNDATION, INC.</b>	
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Principal Place of Business <b>580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232</b>	Mailing Address <b>580 SOUTH MCINTOSH ROAD SARASOTA, FL 34232</b>
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1222747</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**TEVLOWITZ, HOWARD  
580 SOUTH MCINTOSH RD  
SARASOTA, FL 34232**

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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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000070378</b> <b>03/01/04-80041-004 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOWLES, CHARLES 4034 ROBERTS POINT SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST KARP, MARY SUE 7902 SANDERLING ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST KARP, SAMANTHA A 7902 SANDERLING ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST KARP, TAMMY S 8855 MIDNIGHT PASS ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS KARP, RICHARD J 8855 MIDNIGHT PASS ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, ALFRED 7960 SANDERLING ROAD SARASOTA, FL 34242

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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)(f), 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:** Susan Karp **2/19/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #