


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

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006220 1. Entity Name RICHARD S. COONS AND JANICE H. COONS FOUNDATION, INC.		
Principal Place of Business 2101 CORPORATE BLVD SUITE 101 BOCA RATON, FL 33431	Mailing Address 2101 CORPORATE BLVD SUITE 101 BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent PEARLSTINE, JULES C/O JULES PEARLSTINE, P.A. 2101 CORPORATE BLVD NW SUITE 101 BOCA RATON, FL 33431		
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COONS, RICHARD S 101D PALMS POINT CIRCLE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COONS, JANICE H 101D PALMS POINT CIRCLE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARLSTINE, JULES 2805 NW 63RD ST BOCA RATON, FL 33468	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	
TITLE 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)(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: <u>Richard S. Coons</u> <u>Rich S Coons</u> 1-21-04 561-514-6478 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0960208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/23/04-80060-008 61.25

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