



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

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007394 1. Entity Name THE HIRSCH FAMILY FOUNDATION, INC.	
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Principal Place of Business 1260 N. OCEAN BLVD. PALM BEACH, FL 33480	Mailing Address C/O STUART HAFT P.O. BOX 431 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0967664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ.
ALLEY MAASS ROGERS & LINDSAY
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIRSCH, CARL E 1260 N. OCEAN BLVD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HIRSCH, SCOTT A 317-1/2 W SOLA STREET SANTA BARBARA, CA 93140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HIRSCH, LORI B 4652 VIA MARINA, BLDG. 3C, APT. 303 MARINA DEL RAY, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/06/04-80138-023 61.25

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/26/04 Daytime Phone # _____