2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# N99000007652

Entity Name: POLLACK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1104 DRUID ROAD SOUTH
CLEARWATER, FL 33757

New Principal Place of Business:

1862 MCCAULEY ROAD
CLEARWATER, FL 33765

Current Mailing Address:

PO BOX 1964
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 59-3615236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLACK, RONALD
1104 DRUID ROAD SOUTH
CLEARWATER, FL 33757

Name and Address of New Registered Agent:

POLLACK, RONALD
1862 MCCAULEY ROAD
CLEARWATER, FL 33765

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.

SIGNATURE: _____ 01/14/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POLLACK, RONALD
Address: 1104 DRUID RD SOUTH
City-St-Zip: CLEARWATER, FL 33757

Title: TD ( ) Delete
Name: POLLACK, MIREILLE
Address: 1104 DRUID RD SOUTH
City-St-Zip: CLEARWATER, FL 33757

Title: SD ( ) Delete
Name: HAYES, STEVEN L
Address: 33 N GARDEN AV
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POLLACK, RONALD
Address: 1862 MCCAULEY ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: TD (X) Change ( ) Addition
Name: POLLACK, MIREILLE
Address: 1862 MCCAULEY ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD J. POLLACK PD 01/14/2004
Electronic Signature of Signing Officer or Director — Date