

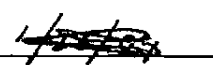
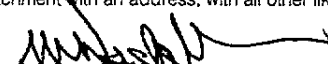
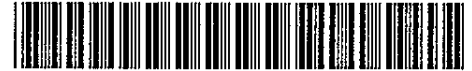


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007664 1. Entity Name THE JOAN DECKELBAUM FOUNDATION, INC.					
Principal Place of Business 4430 CASPER CT HOLLYWOOD FL 33021			Mailing Address 4430 CASPER CT 3201 W GRIFFIN RD HOLLYWOOD FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0969389 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DECKELBAUM, MORRIS 4430 CASPER CT HOLLYWOOD FL 33021			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:  <div style="float: right; text-align: right;">  DATE </div>					
FILE NOW: 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	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKELBAUM, MORRIS		NAME		
STREET ADDRESS	4430 CASPER CT		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL 33021		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKELBAUM, GORDON		NAME		
STREET ADDRESS	4444 PLAYER ST		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL 33021		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, ROBERT W		NAME		
STREET ADDRESS	3075 CHATHAM ST		STREET ADDRESS		
CITY - ST - ZIP	RICHMOND, B.C.		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:  <div style="float: right; text-align: right;"> 1/26/04 954-965-3636 Date Daytime Phone # </div>					



MOORE CR2E037 (11/03)

4. FEI Number **65-0969389** Applied For
Not Applicable

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


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7. Name and Address of New Registered Agent

DECKELBAUM, MORRIS
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HOLLYWOOD FL 33021

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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FILE NOW: FEE IS \$61.25
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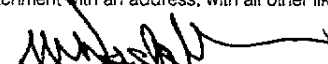
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SIGNATURE:  **1/26/04 954-965-3636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #