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

SIGNATURE: Richard Goldfard Williams of Signature and Typed on Printed NAME OF SIGNING OFFICE OR DIRECTOR

## Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P02343 1. Entity Name 01-29-2004 90025 001 \*\*\*\*61.25 THE FOUNDATION FOR EDUCATIONAL MARKETING INC. Principal Place of Business Mailing Address 5370 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 5370 GULF OF MEXICO DRIVE 0.7.00TOAA P.O. BOX 8190 LONGBOAT FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 23-7379943 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDFARB, SUSAN Street Address (P.O. Box Number is Not Acceptable) 803 84TH ST NW **BRADENTON FL 34209** Zip Code City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ☐ Delete TITLE $\mathcal{T}$ Addition TITLE TAUBES, LAURA NAME NAME AurATaubes 1209 WESTWAY DRIVE STREET ADDRESS STREET ADDRESS 3529 Fair PAK LONGBOOT Key, SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ▼ Addition ARIS R. GOLDFARB TAUBES, FRANK NAME NAME 18 Indian Place, # 6 1209 WESTWAY DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 TITLE ☐ Change ☐ Addition TITLE ☐ Delete GOLDFARB; RICHARD DR-NAME NAME 803 84TH ST NW STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-7IP CITY - ST- ZIP PD ☐ Change ☐ Delete ☐ Addition TITLE TITLE GOLDFARB, SUSAN NAME NAME 803 84TH ST NW STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

**FILED**