2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # F02000000016 THE CHATLOS FOUNDATION, INC. Principal Place of Business_ Mailing Address 710 MIAMI SPRINGS DR. PO BOX 915048 LONGWOOD, FL 32779 LONGWOOD, FL 32791-5048 04182005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-6161425 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORGAN, CHARLES O JR. DO NOT WRITE 1300 NW 167TH ST., SUITE 3 MIAMI, FL 33169 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 ubligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61,25 Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RANDLE, KATHRYN U00000320880 04/21/05-80057-002 70.00 STREET ADDRESS 757 SEA SHORE RD. CITY-ST-ZIP CAPE MAY, NJ 08204 TITLE NAME CHATLOS, WILLIAM J STREET ADDRESS 201 RIVERVIEW DR. CITY-ST-ZIP LONGWOOD, FL 32779 TITLE MAME RANDOM, CINDRE STREET ADDRESS 10695 WREN RIDGE ROAD DO NOT WRITE CITY-ST-ZIP ALPHARETTA, GA 30022 TITLE IN THIS SPACE MORGAN, JR., CHARLES O NAME STREET ADDRESS 1300 NW 167TH ST., SUITE 3 CITY-ST-ZIP MIAMI, FL 33169 TITLE DSAT CHATLOS, CAROL J STREET ADDRESS 256 CHURCHILL DR. CITY-ST-ZIP LONGWOOD, FL 327794619 TITLE NAME ROACH, MICHELE STREET ADDRESS 180 VILLA DI ESTE TERRACE, #112

12. I horeby 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

LAKE MARY, FL 32746

COY-ST-719

SIGNATURE AND TYPED OF HAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

401-162-5027

FILED

Daytime Phone #