2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 8:00 am Secretary of State 02-16-2005 90033 008 ****61.25

/ E.Steven Benetz, Jr, Secretary / 02-11-05 352-357-5686

Daytime Phone #

DOCUMENT # N01116 1. Entity Name EUSTIS LIBRARY FOUNDATION, INC.													
Principal Place 120 N. CENTI C/O STEVEN EUSTIS, FL 3	ER STREET Benetz	3	120 C/O	Mailing Address 120 N. CENTER STREET C/O STEVEN BENETZ EUSTIS, FL 32726									
2. Principal Pl	lace of Busin	ess	3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				02042005 C	ng-NP	CR2E03	37 (10/03)		
City & State	θ		Ci	City & State			4. FEI Number 59-23682		?1	,		plied For t Applicable	
Zip	Zip Country			p	Co.	untry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	-6Name	nt Register	Registered Agent			7. Name and Address of New Registered Agent							
BENETZ, E 120 N. CEI EUSTIS, F	NTER ST		÷	:			Name Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	9	
	ions of regist	y submits this statement lered agent.	35	Section 1 (NO	E: Registere	c (C)	my	red agent, or both, in		DATE			
	Trust Fund	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLECKLE 37350 OA EUSTIS, I			Delete	1	£ .	D Ham 326	mond, Jack N. Rossit Dora, FL			RECTORS IN	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENETZ,	E. STEVEN RINGHAM ROAD		☐ Delete			rie.	Dora, FL			☐ Change	Addition	
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	D TRASK, A 18 FORE EUSTIS, I	ST LANE	-	☐ Defete	STR	E ME EET ADDRESS (-ST-ZIP	٠,				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	, WILLIAM MON AVE FL		□ Defete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOULDE PO BOX EUSTIS,			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, I 10 VILLA EUSTIS,	WAY FL		· Delete	CITY	AE EET ADDRESS Y-ST-ZIP					☐ Change	☐ Addilion	
12. I hereby indicated of the cor	certify that the control on this reportion or the control of the control on the control of the c	ne information supplied w for or supplemental repor the receiver or trustee en achment with an address	vith this filing t is true and apowered to with all of	does not qualify for accurate and that execute this report her like empowered	or the exe my signa t as requ	emption sta sture shall t ired by Ch	ted in Se nave the apter 61	ection 119.07(3)(i), F same legal effect as 7, Florida Statutes; a	lorida Statutes. if made under nd that my nam	I further ce oath; that I ne appears	rtify that the in am an officer in Block 10 o	nformation or director r Block 11 if	

SEACTAM SIGNING OFFICER OR DIRECTOR