2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90048 046 ****61.25

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1. Entity Name
FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES, INC.

Principal Place of Business	Mailing Address
1500 SAN RENO AVE., STE 177 CORAL GABLES, FL 33146	1500 SAN RENO AVE., STE 177 CORAL GABLES, FL 33146

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1500 San Remo Ave.	1500 San Remo Ave.
Suite, Apt. #, etc. Suite 249	Suite, Apt. #, etc. Suite 249
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146 Country USA	Zip 33146 Country USA

4. FEI Number 57-1173613 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STARRETT, L. BENJAMIN 1500 SAN RENO AVE., STE 177 CORAL GABLES, FL 33146	Name L. Benjamin Starrett Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave., Ste. 249 City Coral Gables FL Zip Code 33146

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 _____ 1/4/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTHONY, CARL 320 EAST 43 ST. NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO Starrett, L. Benjamin 1500 San Remo Ave., Ste. 249 Coral Gables, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, HOOPER 330 MADISON AVE., 30TH FLOOR NEW YORK, NY 100175001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLUHARTY, MARLENE 28115 MEADOWBROOK RD. NOVI, MI 483773128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F BARTHOLOMAY, DAN 710 SECOND STREET SOUTH, STE 400 MINNEAPOLIS, MN 55401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, KEVIN 501 WASHINGTON ST., STE 801 READING, PA 196030212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO STARRETT, L. BENJAMIN 1500 SAN REMO AVE., STE 177 CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1/4/05 305-667-6350x206
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #