

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008664

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** RODEL CHARITABLE FOUNDATION - FLORIDA, INC.

**Current Principal Place of Business:**

501 WHITEHEAD STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

501 WHITEHEAD STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 20-0282219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDERSON, ANN  
501 WHITEHEAD STREET  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: FREEMAN, SHIRLEY  
Address: 724 EATON STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: DIR ( ) Delete  
Name: ANDERSEN, WILLIAM  
Address: 1010 KENNEDY DRIVE  
City-St-Zip: KEY WEST, FL 33040 US

Title: PRES ( ) Delete  
Name: HENDERSON, ANN  
Address: 501 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: VP ( ) Delete  
Name: BUDINGER, WILLIAM  
Address: 504 NOAH LANE  
City-St-Zip: KEY WEST, FL 33040 US

Title: SEC ( ) Delete  
Name: BLOCK, EDWARD M  
Address: 1300 TROPICAL STREET  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN HENDERSON

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date