

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04000002462

Entity Name: COMTRUST FOUNDATION, INC.

Current Principal Place of Business:

820 EAST PARK AVE.
BUILDING E SUITE 100
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

820 EAST PARK AVE.
BUILDING E SUITE 100
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 34-1983906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ISAAC
820 EAST PARK AVE.
BUILDING E SUITE 100
TALLAHASSEE, FL 32301 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: P () Delete
Name: WILLIAMS, ISAAC
Address: 820 EAST PARK AVE. E-100
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: NELSON, RANDY
Address: 134 KATHY ANN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: MARTIN, EDWINA B
Address: 1233 AZALEA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: NICHOLS, SONYA
Address: 12729 OVERLOOK MOUNTAIN DRIVE
City-St-Zip: CHARLOTTE, NC 28216

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:

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: ISAAC WILLIAMS

P

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date