


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N44633

1. Entity Name
JAMES F. MULLEN MEMORIAL FUND, INC.



Principal Place of Business Mailing Address

910 CONTENTO STREET **910 CONTENTO STREET**
SARASOTA, FL 34242 **SARASOTA, FL 34242**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0279577 Not Applicable

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

6. Name and Address of Current Registered Agent

COPPINGER, BOIES P., JR.
910 CONTENTO STREET
SARASOTA, FL 34242

DO NOT WRITE 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 obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STULTS, ELWIN M., III 4436 CALLE SERENA SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COPPINGER, BOIES P., JR. 910 CONTENTO ST. SARASOTA, FL 342421816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, JOHN A 377 REDWOOD ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLEOD, BENJAMIN F 3722 TORREY PINES BLVD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERTSON, DON L 4136 WOODVIEW DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000183843
 01/20/05-80006-013 61.25

DO NOT WRITE IN THIS SPACE

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 filing empowered.

SIGNATURE: *Boies P. Coppinger, Jr.* **Boies P. Coppinger, Jr.** **1/6/05** **941 349-1719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #