


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003220**  
 1. Entity Name  
**THE OWSLEY FOUNDATION, INC.**



Principal Place of Business: **PALM HARBOR, 122 CARLYLE DR, PALM HARBOR FL 34683, US**  
 Mailing Address: **PALM HARBOR, 122 CARLYLE DR, PALM HARBOR FL 34683**

2. Principal Place of Business: **SAME AS ABOVE**  
 3. Mailing Address: **SAME AS ABOVE**



1st MOORE CR2E037 (10/04)

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

4. FEI Number: **59-3252540**  
 Applied For  
 Not Applicable

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

6. Name and Address of Current Registered Agent  
**OWSLEY, R. G REV.  
 122 CARLYLE DRIVE  
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

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: **Rev. R. G. Owsley, CEO** DATE: **1/25/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: 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	
TITLE: PSD NAME: OWSLEY, R. G REV. STREET ADDRESS: 122 CARLYLE DRIVE CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: STD NAME: OWSLEY, ESTHER A STREET ADDRESS: 122 CARLYLE DRIVE CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: D NAME: MERRON, ESTHER G STREET ADDRESS: 122 CARLYLE DRIVE CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: VPD NAME: HORNER, DAVID D JR STREET ADDRESS: 122 CARLYLE DRIVE CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: D NAME: PARKER, BETH ANN STREET ADDRESS: 122 CARLYLE DRIVE CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 611, 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: **Rev. R. G. Owsley, CEO** DATE: **1/25/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR