

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90065 038 ****61.25

DOCUMENT # N94000003913

1. Entity Name
THE SHARP FAMILY FOUNDATION, INC.



40020013

Principal Place of Business
**1460 GULF BLVD.
APT. 603
CLEARWATER, FL 33767**

Mailing Address
**W. BARTON SHARP
4264 MONTALVO DRIVE, VILLAGE WALK
NAPLES, FL 34109**

2. Principal Place of Business
4264 Montalvo Court
Suite, Apt. #, etc.

3. Mailing Address
4264 Montalvo Court
Suite, Apt. #, etc.



02072005 Chg-NP CR2E037 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-3302952

Applied For
Not Applicable

Zip
34109

Country
USA

Zip
34109

Country
USA

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

6. Name and Address of Current Registered Agent
**GOODMAN BREEN & GIBBS
3838 TAMiami TRAIL NORTH, STE 300
NAPLES, FL 34103**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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

Signature, typed 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, WILLIAM K 1460 GULF BLVD, APT. 603 CLEARWATER, FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, MARGARET B 1460 GULF BLVD, APT. 603 CLEARWATER, FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, BARTON W 4264 MONTALVO DR. VILLAGE WALK NAPLES, FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFFALO, MARGARET 1456 PARKSIDE DRIVE BOLINGBROOK, IL 60490	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, HARMON 318 NORLICK DRIVE BRYAN, OH 43506	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, CATHERINE 318 NORLICK DRIVE BRYAN, OH 43506	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP Sharp, William K. 1460 Gulf Blvd, Apt. 603 Clearwater, FL 33767	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T Sharp, Margaret B. 1460 Gulf Blvd, Apt. 603 Clearwater, FL 33767	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Sharp, W. Barton 4264 Montalvo Court Naples, FL 34109	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *W. Barton Sharp* **W. Barton, Sharp**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 **239-566-8730**
Date Daytime Phone #