


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90161 010 ****70.00

DOCUMENT # N95000002135					
1. Entity Name FOUNDATION FOR THE CENTERS INC.					
Principal Place of Business 5664 S. W. 60TH AVENUE BUILDING 1 OCALA, FL 34474 US			Mailing Address 5664 S. W. 60TH AVENUE BUILDING 1 OCALA, FL 34474 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RASCO, RUSSELL 4575 SE 48TH PLACE ROAD OCALA, FL 34480				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, ROBERT		NAME		
STREET ADDRESS	9116 SW 91ST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLISENO, CHARLES		NAME	Crippen, Donna	
STREET ADDRESS	110 N APOPKA		STREET ADDRESS	1910 SE 37th Court Circle	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	Ocala, FL 34471	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, TED		NAME	Barber, Ket.	
STREET ADDRESS	3180 N. PINELAKE VILLAGE PLACE		STREET ADDRESS	3862 NE 19th Circle	
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP	Ocala, FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINEY, STEPHEN		NAME		
STREET ADDRESS	230 NE 23 AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUFFORD, VINESSA		NAME	Schneider, Joan	
STREET ADDRESS	1841 SE 38TH COURT		STREET ADDRESS	2901 SW 41st Street # 2008	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTMAN, MORRIE		NAME	Dittman, Morrie	
STREET ADDRESS	9841-R SW COURT/ROAD		STREET ADDRESS	9840-R-SW 88 Court Road	
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP	Ocala, FL 34481	
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: <u>Russell Rasco</u>			Russell Rasco, Ex Dir.		4-20-05 (352) 291-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #