


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90555 046 ****61.25

DOCUMENT # N96000003319
 1. Entity Name
THE WEILER FOUNDATION, INC.



20035805

Principal Place of Business
**231 BRADLEY PLACE
 SUITE 204
 PALM BEACH, FL 33480**

Mailing Address
**231 BRADLEY PLACE
 SUITE 204
 PALM BEACH, FL 33480**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

04122005 Chg-NP CR2E037 (10/03)

City & State City & State

4. FEI Number **31-1475728** 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
**ENGELBERG, MORRIS
 3230 STIRLING RD.
 HOLLYWOOD, FL 33021**

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 _____ 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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BURNAP, BARTLETT	
STREET ADDRESS	231 BRADLEY PLACE STE 204	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNAP, CHRISTIANE	
STREET ADDRESS	1539 NW DAVENPORT AVENUE	
CITY-ST-ZIP	BEND, OR 97701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLIS, WILLIAM	
STREET ADDRESS	11999 SAN VINCENTE BLVD., STE. 220	
CITY-ST-ZIP	LOS ANGELES, CA 90049	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNAP, LAN	
STREET ADDRESS	854 NORTH STANLEY AVENUE	
CITY-ST-ZIP	LOS ANGELES, CA 90046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 any other like empowered.

SIGNATURE: *Bartlett Burnap* **4/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #