


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000002554  
 1. Entity Name  
 THE AGNACIAN FOUNDATION, INC.



Principal Place of Business  
 5120 WILLOW LEAF DRIVE  
 SARASOTA, FL 34241

Mailing Address  
 5120 WILLOW LEAF DRIVE  
 SARASOTA, FL 34241

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0756823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AGNACIAN, GEORGE N  
 5120 WILLOW LEAF DRIVE  
 SARASOTA, FL 34241

**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	D AGNACIAN, GEORGE N 5120 WILLOW LEAF DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AGNACIAN, JOAN S 5120 WILLOW LEAF DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AGNACIAN, GEORGE C 5120 WILLOW DR. SARASOTA, FL 34241
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/10/05-80066-025 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 like empowered.

SIGNATURE: G. Agnacian **GEORGE N AGNACIAN** 1/6/05 941-371-6236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #