

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90107 040 ****61.25

DOCUMENT # N98000005794
 1. Entity Name
 MARSHALL E. RINKER, SR. FOUNDATION, INC.



Principal Place of Business 310 OKEECHOBEE BLVD. SUITE 100 WEST PALM BEACH, FL 33401 US	Mailing Address 310 OKEECHOBEE BLVD. SUITE 100 WEST PALM BEACH, FL 33401 US
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20033235



04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871532	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BREMER, PAUL C
 310 OKEECHOBEE BLVD
 SUITE 100
 WEST PALM BEACH, FL 33401

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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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINKER, DAVID B 310 OKEECHOBEE BLVD., SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RINKER, LEIGHAN R 310 OKEECHOBEE BLVD., SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BREMER, PAUL C 310 OKEECHOBEE BLVD, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISER, MARSHALL M 100 NW 20TH ST., ROOM 204 GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD S 505 S FLAGLER DRIVE STE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05
 Date

561 8359200
 Daytime Phone #