2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001375

1. Entity Name
THE CARLOTA BUSCH WEBSTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O DANIEL A. HANLEY, ESQ. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401	C/O DANIEL A. HANLEY, ESQ. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401

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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0903440
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
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 _____ 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	PD
NAME	WEBSTER, CARLOTA B
STREET ADDRESS	280 VILA MARILA
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VD
NAME	BUHL, KAREN F
STREET ADDRESS	401 OAKLAWN
CITY-ST-ZIP	SOUTH PASADENA, CA 91030
TITLE	SD
NAME	O'KANE, KATHLEEN F
STREET ADDRESS	3185 NORTH MORENGO
CITY-ST-ZIP	ALTADENA, CA 91011
TITLE	TD
NAME	FLANIGAN, MICHAEL M
STREET ADDRESS	10437 CEMENT HILL ROAD
CITY-ST-ZIP	NEVADA CITY, CA 95959
TITLE	D
NAME	HANLEY, DANIEL A
STREET ADDRESS	777 S FLAGLER DRIVE SUITE 500 E
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000229960
-02/15/05-80022-012 61.25

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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.*

561

SIGNATURE: Carlota B. Webster Jan 8 05 8451686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #