


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90035 029 ****61.25

DOCUMENT # N99000002691

1. Entity Name
THE SIX PILLAR FOUNDATION, INC.



Principal Place of Business
CHARLES IAN NASH/FRESE NA. & TORPY PA
930 S HARBOR CITY BLVD, SUITE 505
MELBOURNE, FL 32901

Mailing Address
CHARLES IAN NASH/FRESE NA. & TORPY PA
930 S HARBOR CITY BLVD, SUITE 505
MELBOURNE, FL 32901



2. Principal Place of Business
440 South Babcock Street
 Suite, Apt. #, etc.

3. Mailing Address
440 South Babcock Street
 Suite, Apt. #, etc.

04012005 Chg-NP CR2E037 (10/03)

City & State
Melbourne FL

City & State
Melbourne FL

Zip
32901

Country
USA

Zip
32901

Country
USA

4. FEI Number
59-3573979

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent -

NASH, CHARLES I
930 S HARBOR CITY BLVD, SUITE 505
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
440 South Babcock Street

City **Melbourne** FL Zip Code **32901**

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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOY, JAMES W 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 South Babcock Street Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TOY, CLARE C 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 South Babcock Street Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOY, STEVEN C 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 South Babcock Street Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOY, BRIAN D 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 South Babcock Street Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James W. Toy* **James W. Toy, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____