


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

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90185 018 \*\*\*\*61.50

**DOCUMENT # N99000003323**

1. Entity Name  
**SAILFISH POINT FOUNDATION, INC.**



Principal Place of Business  
**2201 SAILFISH POINT BLVD  
 STUART, FL 34996**

Mailing Address  
**2201 SAILFISH POINT BLVD  
 STUART, FL 34996**

**50023783**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02272005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0978271**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**YOCOM, MICHAEL  
 7038 SE HARBOR CIRCLE  
 STUART, FL 34996**

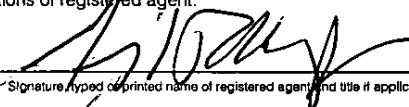
**7. Name and Address of New Registered Agent**

Name **John J. Kelleher, III**

Street Address (P.O. Box Number is Not Acceptable)  
**6969 SE Harbor Circle**

City **Stuart** FL Zip Code **34996**

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  **Treasurer George S Tolley** DATE **3/2/05**

\*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 NAME	T KELLEHER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	6969 SE HARBOR CIRCLE	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	D. EDELCP, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS	6845 SE NORTH MARINA WAY	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	S ZEMENICK, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	3005 SE DUNE DR	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	VP MARTINO, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	3057 SE DUNE DR.	
CITY-ST-ZIP	STURT, FL 34996	
TITLE NAME	P YOCOM, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7038 S.E. HARBOR CIRCLE	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	D TOLLEY, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	6760 SE HARBOR CIR	
CITY-ST-ZIP	STUART, FL 34996	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	President John J. Kelleher, III	<input checked="" type="checkbox"/> Change. <input type="checkbox"/> Addition
STREET ADDRESS	6969 SE Harbor Circle	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	Director Sharon Osteen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7043 SE Harbor Circle	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	Director John Gilmore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7032 SE Harbor Circle	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	Director Nancy Parlin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6992 SE Harbor Circle	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	Director Kathleen Walgreen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6901 SE North Marina Way	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	Treasurer George Tolley, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6760 SE Harbor Circle	
CITY-ST-ZIP	Stuart, FL 34996	

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 Date Daytime Phone #

ATTACHMENT

50023783

# N99000003323

Line 11. Continued

Title  
Name  
Street Address  
City ST Zip

Director  
Charles McCormick  
6761 SE Marina Way  
Stuart, FL 34996

X Addition