



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 016 \*\*\*\*61.25

<b>DOCUMENT # 708504</b> 1. Entity Name <b>FLORIDA COLLEGE FOUNDATION, INC.</b>					
Principal Place of Business <b>119 NORTH GLEN ARVEN AVE.</b> <b>TEMPLE TERRACE, FL 33617</b>				Mailing Address <b>119 NORTH GLEN ARVEN AVE.</b> <b>TEMPLE TERRACE, FL 33617</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<div style="text-align: center;">  </div> <div style="margin-top: 10px;"> <b>03172005    Chg-NP                      CR2E037 (10/03)</b> </div> <div style="margin-top: 10px;">         4. FEI Number  <b>59-6169680</b> </div> <div style="margin-top: 10px;">         5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent  <b>HAMMONTREE, WILLIAM C.</b> <b>301 MIDLOTHIAN AVE</b> <b>TEMPLE TERRACE, FL 33617</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>CALDWELL, CHARLES G DR.</b> <b>301 GREENCASTLE AVENUE</b> <b>TEMPLE TERRACE, FL 33617</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>CALDWELL, DR. CHARLES G.</b> <b>11114 LAKE SASSA ROAD</b> <b>THONOTOSASSA, FL 33592</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <b>MURFF, BILL E</b> <b>15204 BOHEMIAN HALL ROAD</b> <b>CROSBY, TX 77532</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>JONES, CHARLES T</b> <b>1601 GORDON LANE</b> <b>LAWRENCEBURG, TN, FL 38464</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>WILSHER, STEPHEN T</b> <b>2304 MCEL AVENUE</b> <b>FULTONDALE, AL 35068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BRITNELL, OLEN E</b> <b>159 INWOOD TRAIL</b> <b>MADISON, AL 35758</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BURTON, DANIEL N</b> <b>18909 AVENUE BIARRITZ</b> <b>LUTZ, FL 33558</b>	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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> <b>03-21-05    813/899-6702</b>  <small>Date                      Daytime Phone #</small> </div>			

**PRESIDENT & DIRECTOR**

# ATTACHMENT

## ADDENDUM TO NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT - 2005 FLORIDA COLLEGE FOUNDATION, INC.

40038525  
#708504

### ITEM 10-11. LIST OFFICERS AND DIRECTORS

D  
COFFEY, LARRY R.  
504 BEDFORDSHIRE ROAD  
LOUISVILLE, KY 40222

D  
COOK, PAUL B.  
1296 UNDERWOOD COURT  
BOWLING GREEN, KY 42103

D  
COOPER, DAVID M.  
1030 NARCISO COURT  
SAN JOSE, CA 95129

D  
FIELDING, VERL  
1816 17<sup>TH</sup> STREET, W  
PALMETTO, FL 34221

D  
HAMMONTREE, WILLIAM C.  
301 MIDLOTHIAN AVENUE  
TEMPLE TERRACE, FL 33617

D  
HAYES, A. WALLACE  
298 SOUTH MAIN STREET  
ANDOVER, MA 01810

D  
HENDERSON, HERBERT R.  
225 CHARLOTTE ROAD  
CAMDEN, AR 71701

D  
LITTELL, DANNY L. ~~Change~~  
563 NORTHFIELD ROAD  
PLAINFIELD, IN 46168

D  
ROMINE, MAURICE G. ~~Change~~  
100 KINSMAN CIRCLE  
HUNTSVILLE, AL 35806

D  
SMITH, JAMES W.  
487 STONE BLUFF LANE  
ALVATON, KY 42122