


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 721924**  
 1. Entity Name  
**JULE F. WOOD AND EDNA B. WOOD MEMORIAL FOUNDATION, INC.**



Principal Place of Business: **14653 JOE SUMNER RD BALM FL 33503**  
 Mailing Address: **P.O. BOX 125 BALM FL 33503**

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**BLEICH, DANIEL G.**  
**14653 JOE SUMNER RD**  
**BALM FL 33503**

4. FEI Number: **51-0165183**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW: 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: <b>STD</b>	<input type="checkbox"/> Delete
NAME: <b>BLEICH, DANIEL</b>	
STREET ADDRESS: <b>P.O. BOX 125</b>	
CITY-ST-ZIP: <b>BALM FL 33503</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete
NAME: <b>LEHMANN, STEVEN</b>	
STREET ADDRESS: <b>9704 SKEWLEE RD</b>	
CITY-ST-ZIP: <b>THONOTOSASSA FL 33592</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>LEHMANN, BERT</b>	
STREET ADDRESS: <b>19716 RHEASEE DR</b>	
CITY-ST-ZIP: <b>LUTZ FL 33549</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	<b>000000307302</b>
CITY-ST-ZIP:	<b>04/15/05-80049-017 61.25</b>
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Daniel G. Bleich - Secretary*  
**Daniel G. Bleich**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4-13-05** Daytime Phone #: **813-633-8580**