2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 722378

Entity Name: THE EDWARD C. STUART FOUNDATION INCORPORATED

Current Principal Place of Business:

220 EAST MAIN STREET, SUITE I
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 250
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-6142151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSWELL, C.A.
245 SOUTH CENTRAL AVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	BOSWELL, C A,	
Address:	245 SOUTH CENTRAL AVENUE	
City-St-Zip:	BARTOW, FL	
Title:	VPD	( ) Delete
Name:	TERRY, NELLE K.S.	
Address:	220 E MAIN ST	
City-St-Zip:	BARTOW, FL	
Title:	PD	( ) Delete
Name:	STUART, W H JR,	
Address:	220 E MAIN ST	
City-St-Zip:	BARTOW, FL	
Title:	D	( ) Delete
Name:	STUART, NANCY S,	
Address:	220 E MAIN ST	
City-St-Zip:	BARTOW, FL	
Title:	TD	( ) Delete
Name:	TERRY, JEAN	
Address:	220 E MAIN ST	
City-St-Zip:	BARTOW, FL	
Title:	SD	( ) Delete
Name:	CROSLAND, STUART	
Address:	1323 STEWART STREET	
City-St-Zip:	WINTER PARK, FL 32789	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W H STUART JR PRES 04/28/2005

Electronic Signature of Signing Officer or Director — Date