


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

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 727886 1. Entity Name THE CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 2934 WEST BAY DRIVE P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770 US	Mailing Address 2934 WEST BAY DRIVE P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770 US
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02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7335854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent ROBERTS, OWEN J 2934 WEST BAY DRIVE BOX 1168 BELLEAIR BLUFFS, FL 33770

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, OWEN J 2934 WEST BAY DRIVE BELLEAIR BLUFFS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLINTOCK, JOSEPHINE 2934 WEST BAY DRIVE BELLEAIR BLUFFS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILHAN, RANDALL J 2934 WEST BAY DR. BELLEAIR BLUFFS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UN00000332746
04/26/05-80069-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Josephine P. McClintock 6 June 2005 727/581-8702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Josephine P. McClintock, Secretary