

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

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 014 ****61.25

DOCUMENT # 763879

1. Entity Name

FATHER LOPEZ FOUNDATION, INC.



Principal Place of Business

3145 S ATLANTIC AVE
105
DAYTONA BEACH SHORES FL 32118-6272

Mailing Address

3145 S ATLANTIC AVE
105
DAYTONA BEACH SHORES FL 32118-6272

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3124478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, WILLIAM E.
3145 S ATLANTIC AVE
105
DAYTONA BEACH SHORES FL 32118-6272

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

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

(NOTE: Registered Agent signature required when reinstating)

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	DC	<input type="checkbox"/> Delete
NAME	O'NEILL, WILLIAM E	
STREET ADDRESS	3145 S ATLANTIC AVE # 105	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118-6272	
TITLE	STD	<input type="checkbox"/> Delete
NAME	O'NEILL, WILLIAM E JR	
STREET ADDRESS	47 CUNNINGHAM DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWER, PAULA	
STREET ADDRESS	11075 E. BALANCING ROCK RD.	
CITY-ST-ZIP	SCOTTSDALE AZ 85262	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRYMAN, DAVID	
STREET ADDRESS	797 N BEACH ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VAN HOUTEN, MICHAEL	
STREET ADDRESS	106 N ST. ANDREWS DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLEMENT, MARY	
STREET ADDRESS	7726 STILL LAKES DR	
CITY-ST-ZIP	ODESSA FL 33556	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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)(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:

Will E. O'Neill, Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-05, 386.763.0225