

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

**FILED  
Feb 28, 2005  
Secretary of State**

DOCUMENT# F00000003838

Entity Name: THE SPRINGBORN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4601 GULF SHORE BLVD NORTH  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GOODMAN & BREEN  
3838 TAMIAMI TRAIL N SUITE 300  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 36-4198540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODMAN & BREEN  
3838 TAMIAMI TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 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: PCD ( ) Delete  
Name: SPRINGBORN, CAROLYN J  
Address: 4601 GULF SHORE BLVD NORTH  
City-St-Zip: NAPLES, FL

Title: VTD ( ) Delete  
Name: SPRINGBORN, ROBERT C  
Address: 4601 GULF SHORE BLVD NORTH  
City-St-Zip: NAPLES, FL

Title: SD ( ) Delete  
Name: SPRINGBORN, DEBORAH L  
Address: 3342 VILLAGE COURT  
City-St-Zip: CAMERON PARK, CA

**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:

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: KENNETH D. GOODMAN

MGR

02/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date