

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000652

FILED
Jan 17, 2005
Secretary of State

Entity Name: THE SHANNON MOSHER MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

3210 SE 24TH AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3210 SE 24TH AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 58-2565327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUEY, JEFFREY L P.A.
1721 S.E. 16TH AVENUE
SUITE 101
OCALA, FL 34471 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: CP () Delete
Name: MOSHER, STUART L
Address: 3210 S.E. 24TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: VCST () Delete
Name: MOSHER, TERESA G
Address: 3210 S.E. 24TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: HILLIS, BRIAN
Address: 4088 OAK CREST DRIVE
City-St-Zip: TUCKER, GA 30084

Title: D () Delete
Name: MORRIS, LARRY
Address: 3879 NORTHLAKE CREEK DRIVE
City-St-Zip: TUCKER, GA 30084

Title: D () Delete
Name: PUCKETT, PAT
Address: 3295 WAKE ROBIN TRAIL
City-St-Zip: ATLANTA, GA 30341

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: D (X) Change () Addition
Name: PUCKETT, PAT
Address: 14108 CHEVAL VINEYARD WAY, #107
City-St-Zip: ORLANDO, FL 32828

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: STUART L. MOSHER

CP

01/17/2005

Electronic Signature of Signing Officer or Director

Date