2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90243 024 ****61.25

DOCUMENT # F0300000031 1. Entity Name THE MORTENSEN FAMILY FOUNDATION INCORPORATED						04-29-2003	90243 02	24 ************************************	.23	
1763 LEE JANZEN DRIVE 176		Mailing Address 1763 LEE JANZEN DRIV KISSIMMEE, FL 34744	763 LEE JANZEN DRIVE		14008977					
	lace of Business 2 TAVISTOCK ROAD #, etc.	3. Mailing Address 10072 TAV I Suite, Apt. #, etc.	STOCK RU		4262005	Chg-NP	.,,	37 (10/03)		
City & State		City & State	FL	4.	FEI Number 36-4474	465			oplied For	
3282 3282	Country .	32827	Country	5.	Certificate o	f Status Desired		\$8.75 Add Fee Required	ditional	
	6. Name and Address of Current I	Registered Agent		7.	Name and A	Address of New	Registered .	Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL. 33331				Name Street Address (P.O. Box Number is Not Acceptable)						
WESTON,	FL 33331		City				FL	Zip Code	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office of	registered a	gent, or both	, in the State of F	lorida. I am	familiar with,	and accept	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signat	ure required when	reinstating)		DATE			
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2005	1	npaign Financing	\$5	reinstating) .00 May Be		Make chec	k payable to runent of St		
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	□ \$5 Add	.00 May Be		Make chec rida Depa	rtment of St	tate	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Can Trust Fund C	npaign Financing Contribution.	ADDI	.00 May Be led to Fees ITIONS/CHA	NGES TO OFFICE	Make chec rida Depai ERS AND DI	rtment of St	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD MORTENSEN, SHEILA C 1763 LEE JANZEN DRIVE	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5 ADDI 10072 0RLA	.00 May Be led to Fees ITIONS/CHA	PROPERTY OFFICE	Make chec inde Deper ERS AND DI 20AD 327	Change	tate I 10	
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I nereby certify that the information supplied with this filling 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 ecoeyer 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone •

SIGNATURE: _