




# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90243 024 \*\*\*\*61.25

<b>DOCUMENT # F03000000031</b> 1. Entity Name <b>THE MORTENSEN FAMILY FOUNDATION INCORPORATED</b>					
Principal Place of Business <b>1763 LEE JANZEN DRIVE KISSIMMEE, FL 34744</b>			Mailing Address <b>1763 LEE JANZEN DRIVE KISSIMMEE, FL 34744</b>		
2. Principal Place of Business <b>10072 TAVISTOCK ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>10072 TAVISTOCK ROAD</b> Suite, Apt. #, etc.		<b>14008977</b> 	
City & State <b>ORLANDO, FL</b> Zip <b>32827</b> Country		City & State <b>ORLANDO, FL</b> Zip <b>32827</b> Country		4. FEI Number <b>36-4474465</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MORTENSEN, SHEILA C 1763 LEE JANZEN DRIVE KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10072 TAVISTOCK ROAD ORLANDO, FL 32827</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD MORTENSEN, LAWRENCE 1763 LEE JANZEN DRIVE KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10072 TAVISTOCK ROAD ORLANDO, FL 32827</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORTENSEN, NEAL 10457 LOUETTA LANE ORLAND PARK, IL 60457</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORTENSEN, MONICA 1763 LEE JANZEN DRIVE KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10072 TAVISTOCK ROAD ORLANDO, FL 32827</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 		<b>4-26-05</b> Date Daytime Phone #			