

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90060 020 ****61.25

DOCUMENT # F03000005000 1. Entity Name THE CAPSTONE FOUNDATION, INC.					
Principal Place of Business 284 ROSE ADMINISTRATION BUILDING BOX 870122 TUSCALOOSA, AL 35487-0122			Mailing Address 284 ROSE ADMINISTRATION BUILDING BOX 870122 TUSCALOOSA, AL 35487-0122		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7337238	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITT, ROBERT E		NAME		
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA, AL 354870122		CITY-ST-ZIP		
TITLE	DVC <input checked="" type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KENNEDY, KERRY L		NAME	Gilbert, Lynda	
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING		STREET ADDRESS	284 Rose Administration Building	
CITY-ST-ZIP	TUSCALOOSA, AL 354870122		CITY-ST-ZIP	Tuscaloosa, AL 35487-0122	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCNEILL, JEFF		NAME	Parsons, Pam	
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING		STREET ADDRESS	284 Rose Administration Building	
CITY-ST-ZIP	TUSCALOOSA, AL 354870122		CITY-ST-ZIP	Tuscaloosa, AL 35487-0122	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULSEY, WILLIAM		NAME		
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA, AL 354870122		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVER, JOHN		NAME		
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA, AL 354870122		CITY-ST-ZIP		
TITLE	MIRE <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	E, KATHRYN		NAME	Miree, Kathryn	
STREET ADDRESS	284 ROSE ADMINISTRATION BUILDING		STREET ADDRESS	284 Rose Administration Building	
CITY-ST-ZIP	TUSCALOOSA, AL 354870122		CITY-ST-ZIP	Tuscaloosa, AL 35487-0122	
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:  (Treasurer Dr. Lynda Gilbert) 03/08/2005 205-348-4767 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					