

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90037 026 \*\*\*\*61.25

<b>DOCUMENT # F04000000377</b>					
<b>1. Entity Name</b> TIMOTHY AND VIRGINIA SEXTON FAMILY FOUNDATION, INC.					
<b>Principal Place of Business</b> 4550 WEST 77TH STREET SUITE 214 EDINA MN 55435			<b>Mailing Address</b> 4550 WEST 77TH STREET SUITE 214 EDINA MN 55435		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 41-6398438	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SEXTON, TIMOTHY J 4530 PINEHURST GREENS COURT ESTERO FL 33928				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DS</b> SEXTON, TIMOTHY J 4530 PINEHURST GREENS COURT ESTERO FL 33928			<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
_____				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D ANDREA J. SEXTON 512 E. CORNWALL RD. CARY NC 27511
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> SEXTON, VIRGINIA A 4530 PINEHURST GREENS COURT ESTERO FL 33928			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____				<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
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_____				<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
<b>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>					
<b>SIGNATURE:</b> <i>Virginia A. Sexton</i> <b>VIRGINIA A. SEXTON</b> <i>3/28/05</i> <b>339-947-6738</b>					