## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001309

FILED Apr 21, 2005 Secretary of State

Entity Name: THE FOLEY FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:			
12TH FLO	SIDE AVENUE OR VILLE, FL 3220						
Current Mailing Address:			New Mailir	New Mailing Address:			
12TH FLOO	SIDE AVENUE DR VILLE, FL 3220						
FEI Number:	77-0472642	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status Desired ( )		
Name and	Address of Co	ırrent Registered Agent:	Name and	Address of I	New Registered Agent:		
LANE, GREGORY S 601 RIVERSIDE AVENUE 12TH FLOOR JACKSONVILLE, FL 32204 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State		abrillis this statement for the purp	oose of changing it	s registered (	office of registered agent, or both,		
SIGNATUR							
	Electroni	Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () FOLEY, LINDSA 1110 E. ALMONI ORANGE, CA 92	O AVENUE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SCFD () FOLEY, CAROL 3500 SUNNYSID JACKSONVILLE	E DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I FOLEY, WILLIAN 3500 SUNNYSID JACKSONVILLE	E AVENUE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () STINSON, ALAN 17823 HOLLYRI JACKSONVILLE	DGE ROAD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	WILLEY, FRANK 79 PONTE VEDE		Title: Name: Address: City-St-Zip:	D (X SADOWSKI, P 6068 SAN JOS JACKSONVILL	SE BLVD.		
Title: Name: Address: City-St-Zip:	D ( ) I DEWEY, EDWAI 4030 ALCAZAR A JACKSONVILLE	AVENUE	Title: Name: Address: City-St-Zip:	(	) Change()Addition		

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: CAROL J FOLEY S 04/21/2005