


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90076 025 ****61.25

DOCUMENT # F04000007113 1. Entity Name TERASEM MOVEMENT FOUNDATION, INC.					
Principal Place of Business 201 OAK STREET MELBOURNE BEACH, FL 32951			Mailing Address 101 WOODSIDE PARKWAY SILVER SPRING, MD 20910		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUSINESS FILINGS INCORPORATED 660 E. JEFFERSON ST. TALLAHASSEE, FL 32301			Name <u>MARTINE ROTHBLATT</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 OAK STREET</u> City <u>MELBOURNE BEACH</u> <u>FL</u> Zip Code <u>32951</u>		
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 <u>M. Rothblatt</u> DATE <u>4-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	DPS ROTHBLATT, MARTINE 201 OAK STREET MELBOURNE BEACH, FL 32951		<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	DVT ROTHBLATT, BINA 201 OAK STREET MELBOURNE BEACH, FL 32951		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>M. Rothblatt</u>			4-26-05 321-676-3600 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		