2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005
Secretary of State

DOCUMENT# F93000001956

Entity Name: CHRISTOPHER EDWARDS FOUNDATION, INC.

Current Principal Place of Business:

1243 GERBING ROAD
FERNANDINA BEACH, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

1243 GERBING ROAD
FERNANDINA BEAC, FL 32034 US

New Mailing Address:

FEI Number: 58-7701430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, SARA M
1243 GERBING ROAD
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DCVT	( ) Delete
Name:	EDWARDS, SARA M	
Address:	1243 GERBING ROAD	
City-St-Zip:	FERNANDINA BEACH, FL	
Title:	DCP	( ) Delete
Name:	EDWARDS, THOMAS JOEL	
Address:	1243 GERBING ROAD	
City-St-Zip:	FERNANDINA BEACH, FL	
Title:	SD	( ) Delete
Name:	JULIE TIDWELL,	
Address:	1215 N. FLAT ROACK RD.	
City-St-Zip:	DOUGLESVILLE, GA	
Title:	MGRM	( ) Delete
Name:	EDWARDS, DAVID	
Address:	1267 GERBING RD	
City-St-Zip:	AMELIA ISLAND, FL 32034	
Title:	MGRM	( ) Delete
Name:	EDWARDS, THOMAS M	
Address:	21 HIGH BETTERY CIRCLE	
City-St-Zip:	MOUNT PLEASANT, SC 29464	
Title:	M	( ) Delete
Name:	HARBIN, CATHY	
Address:	3825 LA VISTA RD UNIT Y4	
City-St-Zip:	TUCKER, GA 30084	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SARA EDWARDS DCVT 07/13/2005

Electronic Signature of Signing Officer or Director — Date