


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000003459	
1. Entity Name THE PURCELL FAMILY FOUNDATION, INC.	

Principal Place of Business 14155 U. S. HIGHWAY ONE STE. 310 JUNO BEACH, FL 33408 US	Mailing Address 14155 U. S. HIGHWAY ONE STE. 310 JUNO BEACH, FL 33408 US
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1425579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PURCELL, JOHN R 14155 U.S. HWY. ONE STE. 310 JUNO BCH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PURCELL, SHERYL I 14155 US HWY. ONE STE. 310 JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS PURCELL, JOHN R 14155 US HWY ONE STE 310 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRONCZEWSKI, SANDY 14155 US HWY ONE STE 310 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEH, LAUREL 14155 US HIGHWAY ONE STE. 310 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80168-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: John R. Purcell **1/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #