


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90421 009 ****61.25

DOCUMENT # F95000006004					
1. Entity Name THE V FOUNDATION, INC.					
Principal Place of Business 106 100 TOWERVIEW CT. CARY, NC 27513		Mailing Address 106 100 TOWERVIEW CT. CARY, NC 27513			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212005 Chg-NP CR2E037 (10/03)	
4. FEI Number 13-3705951				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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	CEO	<input type="checkbox"/> Delete	TITLE	See attached list for additional <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VALVANO, NICHOLAS		NAME	Directors	
STREET ADDRESS	100 TOWERVIEW CT.		STREET ADDRESS		
CITY-ST-ZIP	CARY, NC 27513		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLOYD, ROBERT E		NAME		
STREET ADDRESS	26707 TANGLEWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	LOS ALTOS, CA 94022		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORNSTEIN, STEVEN M		NAME		
STREET ADDRESS	5161 LAMKERSHIM BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH HOLLYWOOD, CA 91601		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHOADS, HARRY JR		NAME		
STREET ADDRESS	310 S HENRY ST		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA 22314		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAST, ROBERT C JR		NAME		
STREET ADDRESS	1515 HOLCOMBE BLVD, BOX 92		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77030		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSBY, BILL		NAME		
STREET ADDRESS	PO BOX 4049		STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA, CA 90411		CITY-ST-ZIP		
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: <i>Nicholas Valvano</i>			4-18-2005 919-380-9505		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

1404587



ATTACHMENT

#F9500006004/14014587

** All Officers and Directors can be contacted at
106 Towerview Court, Cary, NC 27513
(919) 380-9505

The V Foundation Board of Directors 2005

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