


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000001133</b> 1. Entity Name <b>B &amp; W GREEN FOUNDATION, INC.</b>	
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Principal Place of Business <b>2409 SUNRISE KEY BOULEVARD FORT LAUDERDALE, FL 33304</b>	Mailing Address <b>2409 SUNRISE KEY BOULEVARD FORT LAUDERDALE, FL 33304</b>
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0997860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**KING, GARY  
2409 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE, FL 33304**

**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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KING, CAROL 2409 SUNRISE KEY BOULEVARD FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KING, GARY 2409 SUNRISE KEY BOULEVARD FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KING, BRIDGETTE 2800 E. SUNRISE BLVD., #6D FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KING, SCOTT WALTERSINGEL 44, 7314 NV APELDOORN THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KING, CHRISTOPHER 7833 S.W. 19TH PLACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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01/10/05-80022-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/05* *954 760-4957*  
Date Daytime Phone #