


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002832
 1. Entity Name
 THE WILLIAM AND PAULA ROGERS FOUNDATION, INC.



Principal Place of Business Mailing Address
 17441 S.E. CONCH BAR AVE. 17441 S.E. CONCH BAR AVE.
 TEQUESTA, FL 33469 US TEQUESTA, FL 33469 US



DO NOT WRITE IN THIS SPACE

07142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1041678	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
 ROGERS, WILLIAM F JR
 17441 S.E. CONCH BAR AVE.
 TEQUESTA, FL 33469

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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: *William F. Rogers Jr.* Date: *7/20/05*
Signature, typed or printed name of registered agent and title, if applicable Registered Agent signature required when reinstating

Filing Fee is \$61.25
Due by September 7, 2005

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

U00000374410
 07/25/05-80009-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, WILLIAM F JR 17441 S.E. CONCH BAR AVE. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, PAULA T 17441 S.E. CONCH BAR AVE. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, LISA 17441 S.E. CONCH BAR AVE. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: *William F. Rogers Jr.* Date: *7/20/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

207-MAIN
 967-3300
 581
 745-2118