

**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

17441 S.E. CONCH BAR AVE.
TEQUESTA, FL 33469 US

Mailing Address

17441 S.E. CONCH BAR AVE.
TEQUESTA, FL 33469 US



07142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1041678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**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

William F. Rogers Jr.

Signature, typed or printed name of registered agent and title, if applicable

Registered Agent signature required when reinstating

7/20/05
07/25/05-80009-003 61.25

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000374410
07/25/05-80009-003 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME HARRISON, LISA
STREET ADDRESS 17441 S.E. CONCH BAR AVE.
CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/05

Daytime Phone #

207-
967-3300
561-
745-2118

MAIN