

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

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90025 050 ****61.25

DOCUMENT # N00000004634

1. Entity Name
PERKINS FAMILY FOUNDATION, INC.



Principal Place of Business
**4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238**

Mailing Address
**4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238**

20010851



02052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1033882

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DARNELL, ROBERT
2033 MAIN STREET STE 400
SARASOTA, FL 34237**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005
Chk # 9138**

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
**D
PERKINS, PAUL E
4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PERKINS, JOY J
4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PERKINS, BLAIR S
4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MANUEL, PAULA P
4815 SWEETMEADOW CIRCLE
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Paul E. Perkins **PAUL E. PERKINS** 2/7/05 941-923-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #