2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/29/2005-90012-042-$61.25-$61.25

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DOCUMENT # N00000005630

1. Entity Name
THE BLACKBURN FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
7021 VERDE WAY NAPLES, FL 34108	7021 VERDE WAY NAPLES, FL 34108

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07112005 No Chg-NP CR2E037 (10/03) 05

4. FEI Number
65-1061984
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~STRAUSS, JEROME M~~ Robert M. Backel
~~9130 GALLEVIA CT~~ Porter, Wright, Morris & Arthur
~~NAPLES, FL 34109~~ 5801 Pelican Bay Blvd.
Suite 300 Naples Fl. 34108

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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 Myrle Blackburn Robert Backel 9.2.05
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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BLACKBURN, MYRLE A
STREET ADDRESS	7021 VERDE WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DVPT
NAME	BLACKBURN, ARTHUR H
STREET ADDRESS	7021 VERDE WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DS
NAME	~~STRAUSS, JEROME M~~ Robert M. Backel
STREET ADDRESS	~~9119 GALLERIA COURT #2~~ Porter Wright 5801 Pelican Bay Blvd
CITY-ST-ZIP	~~NAPLES, FL 34109~~ Naples, Fl. 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Myrle Blackburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #