

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006080

1. Entity Name
FARRELL FAMILY FOUNDATION, INC.



Principal Place of Business
**11522 WELTERS WAY
EDEN PRAIRIE, MN 55347**

Mailing Address
**11522 WELTERS WAY
EDEN PRAIRIE, MN 55347**



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3671115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH D
3838 TAMiami TRAIL NORTH, STE. 300
NAPLES, FL 34103**

**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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000142946
04/30/04-80072-001 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME FARRELL, FRANK S JR.
STREET ADDRESS 11522 WELTERS WAY
CITY - ST - ZIP EDEN PRAIRIE, MN 55347

TITLE D
NAME FARRELL, ALFRED C
STREET ADDRESS 8900 SW 61 CT
CITY - ST - ZIP PINECREST, FL 33156

TITLE D
NAME RASMUSSEN, MARY J
STREET ADDRESS 231 WEST MAIN STREET
CITY - ST - ZIP WESTBOROUGH, MA 01581

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)(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: *X- [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/04
Date

952-829-0998
Daytime Phone #