

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 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
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3671115	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000207980 02/01/05-80063-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRELL, FRANK S JR. 11522 WELTERS WAY EDEN PRAIRIE, MN 55347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRELL, ALFRED C 8900 SW 61 CT PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RASMUSSEN, MARY J 231 WEST MAIN STREET 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)(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: <i>Frank S. Farrell Jr.</i>	Frank S. Farrell Jr.	612-803-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date	Daytime Phone #	