

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007697

FILED
Apr 19, 2005
Secretary of State

Entity Name: BIDDIX FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

385 EAST DRIVE
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

385 EAST DRIVE
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3697136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JON
1290 FEDERAL HIGHWAY
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BIDDIX, THOMAS E
Address: 385 EAST DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: PCEO () Delete
Name: MORRELL, JIMMEY
Address: 290 SANDY RUN
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: MORRELL, JIMMEY
Address: 290 SANDY RUN
City-St-Zip: MELBOURNE, FL 32940

Title: VD () Delete
Name: BIDDIX, PATRICK T
Address: 1675 FISKE BOULEVARD A101
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: GAY, FRED D
Address: 1825 W. KING STREET
City-St-Zip: COCOA, FL 32922

Title: TD () Delete
Name: HOSKINSON, WILLIAM T
Address: 231 ALEXANDER DRIVE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. BIDDIX

CD

04/19/2005

Electronic Signature of Signing Officer or Director

Date