

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90170 048 ****61.25

DOCUMENT # N00000008201 1. Entity Name REDDISH FOUNDATION, INC.			
Principal Place of Business 4951 GULF SHORE BLVD. N LE PARC - UNIT PH-201 NAPLES, FL 34103		Mailing Address 5811 PELICAN BAY BLVD LE PARC - UNIT PH-201 NAPLES, FL 34108	
2. Principal Place of Business 8665 Bay Colony Drive Suite, Apt. #, etc. #1803 City & State Naples, Florida Zip 34108		3. Mailing Address 8665 Bay Colony Drive Suite, Apt. #, etc. #1803 City & State Naples, Florida Zip 34108	
4. FEI Number 59-3685403		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD STE 600 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. FOWLER WHITE BOGGS BANKER P.A. SIGNATURE: <u><i>Jeane L. Seewald</i></u> / JEANNE L. SEEWALD 4-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT REDDISH, ELSA H 8665 BAY COLONY BLVD - UNIT 1803 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDISH, PAUL E 5872 MARBLE COURT NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDISH, MICHAEL J 16 APPLERIDGE DRIVE NATICK, MA 01760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBS, NANCY R 12 COVENTRY LANE ANDOVER, MA 01810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reddish, Nancy 12 Coventry Lane Andover, MA 01810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDISH, EDWARD J JR. 235 WARREN STREET BROOKLINE, MA 024455940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey J. Reddish 9 Creekside Lane Rochester, NY 14618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathryn A. Reddish Chiappinelli 28 Lancaster Road Needham, MA 02492 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Elsa H. Reddish</i></u> Elsa H. Reddish		Date: <u>3-21-05</u> Daytime Phone #	

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