

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008330

FILED  
Aug 20, 2005  
Secretary of State

**Entity Name:** THE TONER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

5315 EVERWOOD RUN  
#2  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

5315 EVERWOOD RUN  
#2  
SARASOTA, FL 34235

**New Mailing Address:**

**FEI Number:** 65-1061872      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TONER, JAMES  
5315 EVERWOOD RUN  
SARASOTA, FL 34235      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: DPT      ( ) Delete  
Name: TONER, JAMES P  
Address: 5315 EVERWOOD RUN  
City-St-Zip: SARASOTA, FL 34235

Title: DVS      ( ) Delete  
Name: TONER, EDNA R  
Address: 5315 EVERWOOD RUN  
City-St-Zip: SARASOTA, FL 34235

Title: D      ( ) Delete  
Name: TONER, JEFFREY M  
Address: 313 53RD STREET  
City-St-Zip: WESTERN SPRINGS, IL 60558

Title: D      ( ) Delete  
Name: TONER, JAMES JR  
Address: 1427 WATERFORD GREEN DRIVE  
City-St-Zip: MARIETTA, GA 30068

Title: D      ( ) Delete  
Name: TONER, ANDREW  
Address: 107 BUCKBOARD LANE  
City-St-Zip: FAIRFIELD, CT 06430

Title: D      ( ) Delete  
Name: TONER, CARY  
Address: 6 HIGHCROFT LANE  
City-St-Zip: MALVERN, PA 19355

**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  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
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: JAMES P TONER

MR.

08/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date