2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N01000000771

Entity Name: F.T.F.M. FOUNDATION, INC.

Current Principal Place of Business:

6998 NW HWY 27, STE 106B
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

6998 NW HWY 27, STE 106B
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-3700682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARING, ERNETTE
6998 NW HWY 27, STE 106B
OCALA, FL 34482 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: PD ( ) Delete
Name: ISAACS, GEORGE
Address: 8318 NW 90TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: VPD ( ) Delete
Name: DIMARE, SHELIA
Address: 2205 NW 110 AVE OCALA
City-St-Zip: OCALA, FL 34482

Title: TD ( ) Delete
Name: HARING, ERNETTE
Address: 13525 NW 70 ST
City-St-Zip: MORRISTON, FL 32668

Title: D ( ) Delete
Name: SIBONI, MICHAEL
Address: 307 NE 3RD STREET
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete
Name: FREIDMAN, JAY
Address: 1701 SW 60 AVE OCALA
City-St-Zip: OCALA, FL 34474

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:

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: ERNETTE HARING TD 01/05/2005

Electronic Signature of Signing Officer or Director — Date