2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90047 009 ****61.25

DOCUMENT # N01000001245

1. Entity Name
RUSSELL FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714	986 DOUGLAS AVE, STE 100 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

000005893

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3700777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STARK, CHARLES H
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	RUSSELL, RICHARD L
STREET ADDRESS	74 GREENWOOD CIR
CITY-ST-ZIP	WORMLEYSBURG, FL 17043
TITLE	D
NAME	RUSSELL, LINDA H
STREET ADDRESS	74 GREENWOOD CIR
CITY-ST-ZIP	WORMLEYSBURG, FL 17043
TITLE	D
NAME	BALLIETT, COLORES
STREET ADDRESS	631 S ORLANDO AVE STE 100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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☐

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: Richard L. Russell AND Linda H Russell 1-14-05 727-768-4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #