2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001542

1. Entity Name



FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90274 010 ****61.25

| FOUNDA | TION, INC. | | | | | | | | | | |
|--|--|--|--|--|--------------------------------|---|----------------------------|------------------------------|--|--|--|
| Principal Place of Business 1101 N. MADISON ST. QUINCY, FL 32351 | | Mailing Address 1101 N. MADISON ST. QUINCY, FL 32351 | | | 140016 | | | 1111 84 181 7 | | | |
| 2. Principal P | face of Business | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 02252005 | Chg-NP CR2EC | 37 (10/03) | | | | |
| City & State | | City & State | | | 4. FEI Number 59-37148 | 4. FEI Number Applied For 59-3714893 Not Applicable | | | | | |
| Zip | Country | Zip | α | ountry | 5. Certificate of | Status Desired | \$8.75 Add Fee Required | | | | |
| | 6. Name and Address of Current | Registered Agent | | I | 7. Name and A | idress of New Registered | Agent | | | | |
| MIHALIK, I | DAVID P | | | Name | | | | | | | |
| 6359 SAN | I MARTIN CT. SSEE, FL 32312 | | | Street Addre | ess (P.O. Box Number i | (P.O. Box Number is Not Acceptable) | | | | | |
| | , | | | | | | | | | | |
| | | | | City | | F | L Zip Code | 9 | | | |
| | named entity submits this statement fo | r the purpose of cha | nging its registe | ered office or reg | istered agent, or both, | in the State of Florida. I an | n familiar with, | and accept | | | |
| ine oongal | tions of registered agent. | | | | | | | | | | |
| SIGNATURE . | 7 | | | | | | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. | (NOTE: Registe | ered Agent signature rec | quired when reinstating) | DATE | | | | | |
| Filing Fee is \$61.25 9. Election Due by May 1, 2005 Trust Fu | | | tion Compoian | Cinoneine | 4- 44 | l Neka aba | ck payable to | _ | | | |
| | | | st Fund Contrib | | \$5.00 May Be Added to Fees | Florida Depa | • • | | | | |
| 10. | | Trus | | ution. 🔲 | Added to Fees | , | utment of St | ate | | | |
| TITLE | Due by May 1, 2005 OFFICERS AND DIF | Trus | st Fund Contribe | ution. | Added to Fees | Florida Depa | utment of St | ate | | | |
| TITLE NAME | Due by May 1, 2005 OFFICERS AND DIF DS NIX, SHERRI | Trus | st Fund Contribution 11 lete III | ution. | Added to Fees | Florida Depa | DIRECTORS IN | 10 | | | |
| TITLE | Due by May 1, 2005 OFFICERS AND DIF | Trus | st Fund Contribution 11 lete III NU ST | TLE AME | Added to Fees | Florida Depa | DIRECTORS IN | 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Due by May 1, 2005 OFFICERS AND DIF DS NIX, SHERRI 1101 N. MADISON ST QUINCY, FL 32351 DV | Trus | st Fund Contribution 11 tete III NU ST CT | I. I. ILE AME IREET ADDRESS ITY-ST-ZIP | Added to Fees | Florida Depa | DIRECTORS IN | 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Due by May 1, 2005 OFFICERS AND DIF DS NIX, SHERRI 1101 N. MADISON ST QUINCY, FL 32351 DV KOEPKE, JON | Trus | st Fund Contribution 111 lete TI NU ST CT | I. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME | Added to Fees | Florida Depa | DIRECTORS IN Change | 10 Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Due by May 1, 2005 OFFICERS AND DIF DS NIX, SHERRI 1101 N. MADISON ST QUINCY, FL 32351 DV | Trus | st Fund Contribution 111 lete 11 NV ST Cr lete 11 NV ST | I. I. ILE AME IREET ADDRESS ITY-ST-ZIP | Added to Fees | Florida Depa | DIRECTORS IN Change | 10 Addition | | | |
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Increby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, 1 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: | David | P. | Mihalik | ~ ` | Y | |
|------------|-------|------|-----------------------|---------------|--------------|--|
| | | TYPE | OF PRINTED NAME OF SK | GNING OFFICER | OR DIRECTOR | |