## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002368

BURNS, BRIAN M

1750 CLIFFVIEW DRIVE

OSHKOSH, WI 54901

Name:

Address:

City-St-Zip:

FILED Apr 13, 2005 Secretary of State

Entity Name: THE THERN FOUNDATION, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
6061 WEST NAPLES, F	TBOURGH D L 34112	RIVE			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
GOODMAN & BREEN 3838 TAMIAMI ROAD N NAPLES, FL 34102			3838 TAMIAMI TR	GOODMAN & BREEN 3838 TAMIAMI TRAIL N, STE 300 NAPLES, FL 34102	
FEI Number:	59-3710973	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
		D DRTH STE 300 JS			
The above in the State		submits this statement for the pu	rpose of changing its regist	tered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( THERN, RICHA 6061 WESTBO NAPLES, FL 3	DURGH DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( THERN, CONS 6061 WESTBO NAPLES, FL 3	DURGH DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BURNS, KIMBI 1750 CLIFFVIE OSHKOSH, WI	EW DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CONSTANCE J. THERN 04/13/2005 D