

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003117

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE DUSTIN E. KISH MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

1119 GALLANT FOX CIRCLE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1119 GALLANT FOX CIRCLE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3716016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISH, RICHARD J
1119 GALLANT FOX CIRCLE
JACKSONVILLE, FL 32218 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: T () Delete
Name: KISH, RICHARD J
Address: 1119 GALLANT FOX CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: KISH, ROSE MARY
Address: 1119 GALLANT FOX CIRCLE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: KISH, MELISSA L
Address: 1117 SEATTLE SLEW COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: PEREZ, EMESTO
Address: 3360 S. PICKWICK DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: HOVIS, JERRY S
Address: 11075 RIVER CREEK DR. E.
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: RIGDON, JAMES
Address: 12021 ARBOR LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32275

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: T (X) Change () Addition
Name: PEREZ, ERNESTO JR
Address: 3360 S. PICKWICK DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change () Addition
Name: HOVIS, JERRY S
Address: 5543 DOVER CREST LANE
City-St-Zip: JACKSONVILLE, FL 32258-153

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: RICHARD J. KISH

T

04/30/2005

Electronic Signature of Signing Officer or Director

Date