2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N01000003957

Entity Name: MARJORIE OLSEN FOUNDATION INC.

Current Principal Place of Business:

18 HARRISON ST.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

18 HARRISON ST.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3754494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARCHER, DOREEN
18 HARRISON ST.
COCOA, FL 32922 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: SD ( ) Delete
Name: MOORE, BARBARA
Address: 928 LEVITT PKWY.
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete
Name: BRYAN, LAURETT MD
Address: 573 ROCKLEDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: DIGGS, J. ALBERT JR.
Address: 5120 KIRKWOOD TRAIL
City-St-Zip: TITUSVILLE, FL 32780

Title: PD ( ) Delete
Name: BLAKE, RICHARD
Address: 916 BRUNSWICK LANE
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: BARBARA MOORE SD 04/21/2005

Electronic Signature of Signing Officer or Director — Date