2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003988

1. Entity Name
THE TAO CHI FOUNDATION, INC.

Principal Place of Business	Mailing Address
4313 NEPTUNE RD ST CLOUD, FL 34769	4313 NEPTUNE RD ST CLOUD, FL 34769

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01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3725556
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, ADDISON E
4313 NEPTUNE RD
ST CLOUD, FL 34769

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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	DP
NAME	WALKER, ADDISON E
STREET ADDRESS	4313 NEPTUNE RD
CITY ST ZIP	SAINT CLOUD, FL 34769
TITLE	DV
NAME	MOORE, DONALD
STREET ADDRESS	4313 NEPTUNE RD
CITY ST ZIP	SAINT CLOUD, FL 34769
TITLE	DST
NAME	DONOHUE, JEAN W
STREET ADDRESS	4313 NEPTUNE RD
CITY ST ZIP	SAINT CLOUD, FL 34769
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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01/20/05--00012--025 61.25

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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: Addison E. Walker ADDISON E. WALKER JAN. 12, 2005 407.892.2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #