


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006019</b> 1. Entity Name BARBARA AND PHIL EMMER FAMILY FOUNDATION, INC.	
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Principal Place of Business 2736 NW 22ND DRIVE GAINESVILLE, FL 32605	Mailing Address 2736 NW 22ND DRIVE GAINESVILLE, FL 32605
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**DO NOT WRITE IN THIS SPACE**

02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3742360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

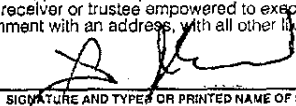
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000240342 02/23/05-80027-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EMMER, PHIL 2736 NW 22ND DRIVE GAINESVILLE, FL 32604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EMMER, BARBARA L 2736 NW 22ND DRIVE GAINESVILLE, FL 32604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EMMER, JODI L PO BOX 357033 GAINESVILLE, FL 32635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCGRUFF, LORI E 2457 NW 12TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2/17/05 352-377-8100**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #