

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 042 ****61.25

50002331



DOCUMENT # N02000000072 1. Entity Name SYMONDS FAMILY FOUNDATION, INC.					
Principal Place of Business 2021 PALM LANE ORLANDO, FL 32803			Mailing Address 2021 PALM LANE ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 36-7380980	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROGERS, WILLIAM E 2021 PALM LANE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	P/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, WILLIAM E		NAME		
STREET ADDRESS	2021 PALM LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRENCH, LOUISE R		NAME		
STREET ADDRESS	6025 CANDLEWOOD LANE		STREET ADDRESS	1927 GREEN MEADOW LANE	
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE		
NAME	SYMONDS, DOROTHY E		NAME		
STREET ADDRESS	215 MIXON SCHOOL RD		STREET ADDRESS		
CITY-ST-ZIP	OZARK, AL 36380		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	Y/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, JAMES H		NAME		
STREET ADDRESS	358 HUDSON ST		STREET ADDRESS		
CITY-ST-ZIP	REDWOOD CITY, CA 94062		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	FOLEY, EVA S		NAME		
STREET ADDRESS	20 W LUCERNE CIR, APT 619		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: WILLIAM E. ROGERS <i>William E. Rogers</i> 1-11-05 407-228-4242					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					