

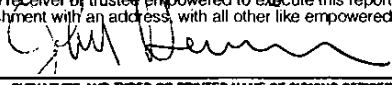


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90019 047 ****61.25

DOCUMENT # N02000001388 1. Entity Name THE HARRISON CHARITABLE FOUNDATION, INC					
Principal Place of Business 393 N. POINTE RD. #601 OSPREY, FL 34229				Mailing Address 393 N. POINTE RD. #601 OSPREY, FL 34229	
2. Principal Place of Business		3. Mailing Address		 01292005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 58-2023561				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 HARRISON, JOHN R 393 N. POINTE RD. #601 OSPREY, FL 34229	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P HARRISON, JOHN R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	393 N. POINTE RD. #601		NAME		
STREET ADDRESS	OSPREY, FL 34229		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD HARRISON, BONNIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	393 N. POINTE RD. #601		NAME		
STREET ADDRESS	OSPREY, FL 34229		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HARRISON, MARK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	21 DOWNING ST.		NAME		
STREET ADDRESS	ENGLEWOOD, FL 34224		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ANDERSON, JENNIFER A <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5030 CENTRAL SARASOTA PKWY #308		NAME	D ANDERSON, Jennifer A.	
STREET ADDRESS	SARASOTA, FL 34238		STREET ADDRESS	5241 Levi Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota FL 34233	
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		
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: 			9/18/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		