

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002778

FILED
Mar 29, 2005
Secretary of State

Entity Name: THE FLORIDA FUND FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 10775
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

106 E. COLLEGE AVE.
SUITE 640
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 52-2366627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARKEY, JEFFREY
106 E. COLLEGE AVE., SUITE 640
TALLAHASSEE, FL 32301 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: KROG, JIM
Address: 215 S. MONROE ST., SUITE 601
City-St-Zip: TALLAHASSEE, FL 323011804

Title: TD () Delete
Name: RAYNAR, MICHAEL
Address: 150 S. MONROE ST., SUITE 800
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: RILEY, CURT
Address: 150 S. MONROE ST., SUITE 400
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RAYNOR, MICHAEL
Address: 150 S. MONROE ST., SUITE 800
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: REILLY, CURT
Address: 150 S. MONROE ST., SUITE 400
City-St-Zip: TALLAHASSEE, FL 32301

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: MICHAEL REYNOR

TD

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date