


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

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004111 1. Entity Name DOUGLAS & DEROLYN WATSON FOUNDATION, INC.	
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Principal Place of Business 1820 S.W. 96 TERRACE MIRAMAR, FL 33025	Mailing Address P.O. BOX 571137 MIAMI, FL 33257
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DO NOT WRITE IN THIS SPACE



05112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1088003	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

**THOMPSON, MARY
6033 N.W. 6TH CT
MIAMI, FL 33127**

**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 _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATSON, DOUGLAS 1820 SW 96TH TERRACE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CRAWFORD, ANNETTE 1820 S.W. 96TH TERRACE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RUBYLETT, SCOTT 19701 NW 5TH CT. MIAMI, FL 33169
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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05/20/05-80001-006 61.25

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: *Douglas Watson* **05-13-2005** **892-2834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #