



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 032 ****61.25

DOCUMENT # N02000004251					
1. Entity Name THE PRENDERGAST FAMILY FOUNDATION, INC.					
Principal Place of Business C/O FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901			Mailing Address C/O FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901		
2. Principal Place of Business C/O Nash, Moule + Kromash, LLP Suite, Apt. #, etc. 440 South Babcock Street City & State Melbourne, FL Zip 32901 Country USA		3. Mailing Address C/O Nash, Moule + Kromash, LLP Suite, Apt. #, etc. 440 South Babcock Street City & State Melbourne, FL Zip 32901 Country USA			
4. FEI Number 04-3703355		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent NASH, CHARLES I C/O FRESE, NASH & HANSEN, P.A. 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name C/O Nash, Moule + Kromash, LLP 440 South Babcock Street City Melbourne FL Zip Code 32901		
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 <u>Charles Ian Nash, Registered Agent</u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	DPT PRENDERGAST, G. JOSEPH III 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	440 SOUTH BABCOCK STREET MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PRENDERGAST, JANE 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	440 SOUTH BABCOCK STREET MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles Ian Nash, Director</u>			Date <u>4/28/05</u> Daytime Phone # <u>321-984-2440</u>		