


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90145 038 \*\*\*\*61.25

DOCUMENT # N02000004393	
1. Entity Name A.I. FOUNDATION, INC.	

Principal Place of Business 10190 SCOTT MILL ROAD JACKSONVILLE, FL 32257	Mailing Address 10190 SCOTT MILL ROAD JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE

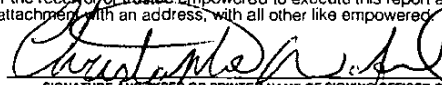
	
01242005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 02-0614226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NOFAL, CHRISTOPHER P 10190 SCOTT MILL ROAD JACKSONVILLE, FL 32257	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOFAL, CHRISTOPHER P 10190 SCOTT MILL ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D NOFAL, CHARLES E 10190 SCOTT MILL ROAD JACKSONVILLE, FL 32257</del> <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D PETERS, ANDREW T 3601 RIVER HALL DRIVE JACKSONVILLE, FL 32217</del> <i>Delete</i>
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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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: 	2/5/2005 904-477-0572
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>