


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

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90001 018 \*\*\*\*70.00

<b>DOCUMENT # N02000004587</b>			
1. Entity Name T.W. CURTIS FOUNDATION, INC.			
Principal Place of Business 331 16 ST NORTH ST PETERSBURG, FL 33705		Mailing Address 331 16 ST NORTH ST PETERSBURG, FL 33705	
2. Principal Place of Business <i>111 2nd Ave N.E.</i>		3. Mailing Address <i>111 2nd Avenue N.E.</i>	
Suite, Apt. #, etc. <i>#103</i>		Suite, Apt. #, etc. <i>#103</i>	
City & State <i>St. Petersburg</i>		City & State <i>St. Petersburg</i>	
Zip <i>33701</i>		Zip <i>33701</i>	
Country <i>Pinellas</i>		Country <i>Pinellas</i>	
6. Name and Address of Current Registered Agent  CURTIS, T. W 331 16 TH STREET NORTH ST. PETERSBURG, FL 33705		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
4. FEI Number 02-0622369 Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
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 <i>T.W. Curtis</i>		DATE <i>6/28/05</i>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE CURTIS, T.W. 331 16 ST NORTH ST PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FISHER, GREGORY H 55201 1ST. AVE. N. ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WINNING, RICHARD A 935 42ND. AVE. N. ST PETERSBURG, FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: <i>T.W. Curtis</i>		DATE: <i>6/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <i>727-898-9898</i>	

J0004233



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