


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

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005489 1. Entity Name THE COLODNY FAMILY FOUNDATION, INC.	
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Principal Place of Business 6909 LAKE PLACE COURT TAMPA, FL 33634	Mailing Address 6909 LAKE PLACE COURT TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0419168	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLODNY, LEONARD
6909 LAKE PLACE COURT
TAMPA, FL 33634**

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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 May 1, 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	DPS COLODNY, LEONARD 6909 LAKE PLACE COURT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT COLODNY, SANDRA 6909 LAKE PLACE COURT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, CHARLES A 601 BAYSHORE BLVD. #700 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLODNY, JOHN 10242 N.W. 47TH STREET #1 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLODNY, ROBIN 1073 S.W. 112 TERRACE PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKER, RAY 3405 1 STREET #2 SACRAMENTO, CA 95816

U00000256731
03/09/05-80025-017 70.00

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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:  **3/7/2005** **813-888-5966**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

LEONARD I. COLODNY