

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90038 020 \*\*\*\*61.25

<b>DOCUMENT # N02000009077</b> 1. Entity Name <b>BLACK DIAMOND FOUNDATION, INC.</b>					
Principal Place of Business <b>2600 WEST BLACK DIAMOND CIRCLE LECANTO, FL 34461</b>			Mailing Address <b>2600 WEST BLACK DIAMOND CIRCLE LECANTO, FL 34461</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>13-4211621</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOINES, JAMES J 3754 W BLACK DIAMOND CIRCLE LECANTO, FL 34461</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE</small>					
<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 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>BRILEY, JIM</b> <b>3156 W WILD DUNES PLACE</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOGLER, AL</b> <b>2898 W. CROOKED STICK CT.</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNS, DAVID</b> <b>3409 N HAMMOCK DUNES VILLAGE POINT</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANAFORT, NANCY</b> <b>3644 N. BALTUSROL PATH</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONWAY, KEVIN</b> <b>3710 N BALTUSROL PATH</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARINELLI, VICKIE</b> <b>3764 W. BLACK DIAMOND CIRCLE</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELANEY, RUSSELL</b> <b>3420 N BENT TREE POINT</b> <b>LECANTO, FL 34461</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIZZI, WALT</b> <b>3800 W. BLACK DIAMOND CIRCLE</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEMING, ROWLAND</b> <b>3029 N BARTON CREEK CIRCLE</b> <b>LECANTO, FL 34461</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAFORY, LARRY</b> <b>2960 W. PLANTATION PINES CT.</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>JOINES, JAMES J</b> <b>3754 W BLACK DIAMOND CIRCLE</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>YOUELL, LINDA</b> <b>3222 N. CAVES VALLEY PATH</b> <b>LECANTO, FL 34461</b> <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Jim Briley</i> <b>Jim BRILEY</b>			<b>3/7/05 (352) 527-3008</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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