

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009792

FILED
May 02, 2005
Secretary of State

Entity Name: IN THE TWINKLING OF AN EYE FOUNDATION, INC.

Current Principal Place of Business:

1916 HIGHVIEW DRIVE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

1916 HIGHVIEW DRIVE
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 55-0812056 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOTHROP, MONICA V
5300 BAYSHORE BLVD.
C-3
TAMPA, FL 33611 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RINEHART, LORI A
Address: 1916 HIGHVIEW DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: DT () Delete
Name: LOTHROP, MONICA V ESQ
Address: 5300 BAYSHORE BLVD., # C-3
City-St-Zip: TAMPA, FL 33611 US

Title: DS () Delete
Name: SCHLEE ALEONG, MICHELE E
Address: 11354 STRATTON PARK DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: D () Delete
Name: RYCZEK, MARK G AIA
Address: 17920 GULF BLVD., # 1005
City-St-Zip: REDINGTON SHORES, FL 33708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPS (X) Change () Addition
Name: SCHLEE ALEONG, MICHELE E
Address: 11354 STRATTON PARK DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ZAWLOCKI, RICHARD J PHD
Address: 3101 APRICOT STREET
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA V. LOTHROP

D, T

05/02/2005

Electronic Signature of Signing Officer or Director

Date