2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N03000005476

Entity Name: WINSTAR FOUNDATION, INC.

Current Principal Place of Business:

5109C N OCEAN BLVD
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

5109C N OCEAN BLVD
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 20-0059540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLBERT, PATRICIA A
5109C N OCEAN BLVD
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

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:	D	( ) Delete
Name:	SLATER, CELLA	
Address:	4701 WRIGHTSVILLE AVE OAK PARK D-1	
City-St-Zip:	WILMINGTON, NC 28403	
Title:	D	( ) Delete
Name:	SALERNO, MARY ANN	
Address:	3607 NORTHAVEN ROAD	
City-St-Zip:	DALLAS, TX 75229	
Title:	D	( ) Delete
Name:	COLBERT, PATRICA	
Address:	5109C NORTH OCEAN BLVD	
City-St-Zip:	OCEAN RIDGE, FL 33435	
Title:	D	( ) Delete
Name:	MAC KENNA, ROSALEEN	
Address:	642 WESTERN LAKE DRIVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	SLATER, CELLA	
Address:	3520 IRIS ST	
City-St-Zip:	WILMINGTON, NC 28409	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: CELIA SLATER DIR 04/22/2005

Electronic Signature of Signing Officer or Director — Date