

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006502

FILED
Apr 29, 2005
Secretary of State

Entity Name: NEW LEAF FOUNDATION, INC.

Current Principal Place of Business:

407 THIRD STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

407 THIRD STREET
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 54-2116248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, RONDA
407 THIRD STREET
NEPTUNE BEACH, FL 32266 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: PTD () Delete
Name: MCDONALD, RONDA
Address: 407 THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VD () Delete
Name: MCDONALD, KATHERINE
Address: 407 THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: SD () Delete
Name: DUNLAP, MICHAEL
Address: 407 THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCDONALD, RONDA
Address: 407 THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

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

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

Title: TD () Change (X) Addition
Name: MCILRATH, ELIZABETH H
Address: 407 THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

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: RONDA S. MCDONALD

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date