

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90213 041 ****70.00

DOCUMENT # N03000007957

1. Entity Name
CLAUDETTE B. SOFTLEIGH CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address

**4516 3RD STREET
 CIRCLE W, UNIT 333
 BRADENTON FL 34207**

**4516 3RD STREET
 CIRCLE W, UNIT 333
 BRADENTON FL 34207**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **20-0234918** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOFTLEIGH, CLAUDETTA B
 DESOTO SQUARE VILLAS
 345 ANCHASTLE AVE #205 B
 BRADENTON FL 34206**

**4516 3RD ST.
 CIRCLE W, UNIT 333
 BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 *Claudette Softleigh* DATE **02.22.05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	SOFTLEIGH, CLAUDETTE B	
STREET ADDRESS	PO BOX 1857	
CITY-ST-ZIP	ONECO FL 34264	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DEANNA	
STREET ADDRESS	1645 24TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLMEDA, CHARLES	
STREET ADDRESS	949 43RD STREET	
CITY-ST-ZIP	BROOKLYN NY 11219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Claudette Softleigh* **CLAUDETTE SOFTLEIGH** DATE **02.22.05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #