2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N03000008580

Entity Name: PAUL D. FULBRIGHT FOUNDATION, INC.

Current Principal Place of Business:

1831 SUNGAZER DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1831 SUNGAZER DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 02-0027340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULBRIGHT, MELANIE D
1831 SUNGAZER DRIVE
ROCKLEDGE, FL 32955 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:	CHAR	( ) Delete
Name:	FULBRIGHT, PAUL D	
Address:	1831 SUNGAZER DRIVE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	P	( ) Delete
Name:	FULBRIGHT, MELANIE D	
Address:	1831 SUNGAZER DRIVE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	DIR	( ) Delete
Name:	SULLIVAN, DANIEL M MD	
Address:	12902 MAGNOLIA DRIVE	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	DIR	( ) Delete
Name:	SCARDINO, GEORGE J	
Address:	3135 SKYWAY CIRCLE	
City-St-Zip:	MELBOURNE, FL 32934 US	
Title:	DIR	( ) Delete
Name:	JOHNSON, WILLIAM A P.A.	
Address:	21 SUNTREE PLACE, SUITE 100	
City-St-Zip:	MELBOURNE, FL 32940 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MELANIE D FULBRIGHT P 01/06/2005

Electronic Signature of Signing Officer or Director — Date