2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008599

FILED Apr 27, 2005 Secretary of State

Entity Name: FRANK E. LOWE CHILDREN'S CHARITABLE EVENT FUND, INC.

Current Principal Place of Business: New Principal Place of Business: 10801 DESOTO RD RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 318 FAIRSIDE CT P.O BOX 1111 SUN CITY CENTER, FL 33573 US RIVERVIEW, FL 33568 US FEI Number: 30-0265339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHBACK, WALT 318 FAIRSIDE CT SUN CITY CENTER, FL 33573 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WATSON, DAVID G JR. Name: Name: 754 FORTUNA DR. Address: Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition ELLIS, WALTER MR Name: Name: Address: 715 OAK PLACE Address: City-St-Zip: BRANDON, FL 33511 US City-St-Zip: Title: () Delete Title: (X) Change () Addition FISHBACK, WALT FISHBACK, WALT Name: Name: 318 FAIRSIDE CT. Address: Address: 318 FAIRSIDE CT. City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: TD (X) Delete Title: () Change () Addition Name: AUERBACH, BERNIE Name: Address: 1020 BLUEWATER DR. Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: () Change () Addition LOWE, FRANK Name: Name: P.O. BOX 214 Address: Address: BRANDON, FL 33509 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition WATSON, DAVID G SR. Name: Name: Address: 1061 EMERALD DR. Address: BRANDON, FL 33511 City-St-Zip: 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: WALTER W. FISHBACK S/T 04/27/2005