2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# N03000008612

Entity Name: THE TREVOR DUHANEY FOUNDATION, INC.

Current Principal Place of Business:

C/O TREVOR DUHANEY
1559 NW 82ND AVE
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

C/O TREVOR DUHANEY
1559 NW 82ND AVE
MIAMI, FL 33126

New Mailing Address:

FEI Number: 30-0207076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUHANEY, TREVOR
1559 NW 82ND AVE
DORAL, FL 33126 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:	VP	( ) Delete
Name:	DUHANEY, ELSIE	
Address:	15538 NW 83 PLACE	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	VP	( ) Delete
Name:	THUMPKIN, MARY	
Address:	20834 SAN SIMEON WAY, #C-65	
City-St-Zip:	MIAMI, FL 33179	
Title:	PS	( ) Delete
Name:	FRANCIS, SANDRA	
Address:	14039 NW 17 AVENUE	
City-St-Zip:	MIAMI, FL 33169	
Title:	TREA	( ) Delete
Name:	PHILLIPS, ROY	
Address:	20195 SW 248 STREET	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	CHR	( ) Delete
Name:	DUHANEY, TREVOR G	
Address:	1559 NW 82ND AVE	
City-St-Zip:	DORAL, FL 33126	

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: ELSIE DUHANEY VP 07/01/2005
Electronic Signature of Signing Officer or Director — Date