## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N03000010146

1. Entity Name
STETSON KENNEDY FOUNDATION. INC.



Mailing Address
BELUTHAHATCHEE

1523 SR 13 1523 SR 13 FRUIT COVE, FL 32259 FRUIT COVE, FL 32259

## FILED Jan 19, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01172005 No Chg-NP CR2E

CR2E037 (10/03)

4. FEI Number 22-3899015 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STETSON, KENNEDY BELUTHAHATCHEE 1523 SR 13 FRUIT COVE, FL 32259

Principal Place of Business

BELUTHAHATCHEE

DC	NOT	WRIT	E
IN	THIS	SPAC	E

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.	Signature, typed or printed name of registered agent and tide	if applicable. (NOTE, Registered A	gent signature	required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financi     Trust Fund Contribution.	ng 🏻	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, STETSON BELUTHAHATCHEE 1523 SR 13 FRUIT COVE, FL 32259						
NTLE NAME STREET ADDRESS CITY-ST-ZIP	D BETSCH, MAVYNEE 54 GREGG STREET AMERICAN BEACH, FL 32034	-			01/20/05-80049-025 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, LEE J 5334 NORTHWEST 34TH PLACE GAINESVILLE, FL 32606		•	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTUS, ERICK 10181 PLANTATION WAY KENNESAW, GA 30144			IN	THIS SPACE		
TITLE  NUMBE  STREET ADDRESS  CITY-ST-ZIP	D MCGARITY, FOSTER P.O. BOX 6066466 JACKSONVILLE, FL 322600466				The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, SEAN 613 BAYLOR STREET, APT. D AUSTIN, TX 78703			· · · · · · · · · · · · · · · · · · ·	Windowski windowski windowski windowski windowski wigam i mila na jeming za za wyzycji grogo.		
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exemp	tion state	in Section 119.07(3)	(I), Florida Statutes. I further certify that the information		

Thereby certify that the information supplies with this limit does not qualify for me 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 life empowered.

SIGNATURE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Degree 17, 200 5904-287-4611