2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N03000010856

Entity Name: THE BARBARA JEAN PARKER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3949 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-0495379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN D
3949 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901 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:	PD	( ) Delete
Name:	THOMPSON, LYNN	
Address:	20801 GROVELINE COURT	
City-St-Zip:	ESTERO, FL 33928	
Title:	VD	( ) Delete
Name:	THOMPSON, GREGORY	
Address:	419 ROSARO AVE	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	SD	( ) Delete
Name:	THOMPSON, ELVIA	
Address:	2110 CHESAPEAKE HARBOR DRIVE E., #202	
City-St-Zip:	ANNAPOLIS, MD 214035608	
Title:	TD	( ) Delete
Name:	THOMPSON, STEPHEN	
Address:	3949 EVANS AVENUE, SUITE 206	
City-St-Zip:	FORT MYERS, FL 33901	

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:	

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: STEPHEN D. THOMPSON TD 04/20/2005

Electronic Signature of Signing Officer or Director — Date