

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90040 031 ****70.00

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01032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000000334 1. Entity Name CRYSTAL D. BOHAYCHYK CHARITABLE FOUNDATION, INC.																													
Principal Place of Business 3735 26TH AVENUE S.E. NAPLES, FL 34117				Mailing Address 3735 26TH AVENUE S.E. NAPLES, FL 34117																									
2. Principal Place of Business 5939 Golden Oaks Lane Suite, Apt. #, etc.		3. Mailing Address 5939 Golden Oaks Lane Suite, Apt. #, etc.		4. FEI Number 73-1693635 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>																									
City & State NAPLES, FL		City & State NAPLES, FL																											
Zip 34119	Country USA	Zip 34119	Country USA																										
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BOHAYCHYK, MICHAEL P 3735 26TH AVENUE S.E. NAPLES, FL 34117				7. Name and Address of New Registered Agent Name Bohaychyk, Michael P. Street Address (P.O. Box Number is Not Acceptable) 5939 Golden Oaks Lane City NAPLES FL Zip Code 34119																									
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 <u><i>Michael P. Bohaychyk</i></u> Michael P. Bohaychyk <u>1-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD BOHAYCHYK, MICHAEL P <input type="checkbox"/> Delete</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>3735 26TH AVENUE S.E.</td> <td></td> <td>NAPLES, FL 34117</td> </tr> <tr> <td></td> <td>NAPLES, FL 34117</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD Bohaychyk, Michael P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>5939 Golden Oaks Lane</td> <td></td> <td>NAPLES, FL 34119</td> </tr> <tr> <td></td> <td>NAPLES, FL 34119</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD BOHAYCHYK, MICHAEL P <input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP		3735 26TH AVENUE S.E.		NAPLES, FL 34117		NAPLES, FL 34117			TITLE	PD Bohaychyk, Michael P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP		5939 Golden Oaks Lane		NAPLES, FL 34119		NAPLES, FL 34119		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.																													
SIGNATURE: <u><i>Michael P. Bohaychyk</i></u> Michael P. Bohaychyk <u>1-12-05</u> 363-9266 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													