

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001389

FILED
Jun 06, 2005
Secretary of State

Entity Name: AN OUNCE OF PREVENTION FOUNDATION, INC.

Current Principal Place of Business:

245 SAN CAROLOS STREET
NOKOMIS, FL 34237

New Principal Place of Business:

568 9TH STREET SOUTH
SUITE 107
NAPLES, FL 34102

Current Mailing Address:

245 SAN CAROLOS STREET
NOKOMIS, FL 34237

New Mailing Address:

568 9TH STREET SOUTH
SUITE 107
NAPLES, FL 34102

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CALMBACH, H. JOSEPH
2070 RINGLING BLVD
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

CALMBACH, H. JOSEPH
568 9TH STREET SOUTH
NAPLES, FL 34102 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: JOSEPH CALMBACH

06/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MYERSON, MORTON
Address: 5 BOB WHITE LANE
City-St-Zip: CATAUMET, WA 02534

Title: D () Delete
Name: MUSOLINO, DONALD L
Address: 245 SAN CAROLOS STREET
City-St-Zip: NOKOMIS, FL 34237

Title: D () Delete
Name: MYERSON, ELEANOR
Address: 5 BOB WHITE LANE
City-St-Zip: CATAUMET, WA 02534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MYERSON, MORTON
Address: 5 BOB WHITE LANE
City-St-Zip: CATAUMET, MA 02534

Title: D (X) Change () Addition
Name: MYERSON, ELEANOR
Address: 5 BOB WHITE LANE
City-St-Zip: CATAUMET, MA 02534

Title: D (X) Change () Addition
Name: CALMBACH, JOSEPH H
Address: 568 9TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

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: JOSEPH CALMBACH

D

06/06/2005

Electronic Signature of Signing Officer or Director

Date