

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90050 033 ****61.25

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|---|--|--|--|
| DOCUMENT # N04000005024 1. Entity Name BARONY OF FULWOOD FOUNDATION, INC. | | | |
| Principal Place of Business 400 S DIXIE HWY UNIT 2 HALLANDALE, FL 33009 | | Mailing Address 400 S DIXIE HWY UNIT 2 HALLANDALE, FL 33009 | |
| 2. Principal Place of Business 1955 NE 208 TERRACE Suite, Apt. #, etc. | | 3. Mailing Address 1955 NE 208 TER Suite, Apt. #, etc. | |
| City & State MIAMI, FL Zip 33179 | | City & State MIAMI FL Zip 33179 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-1146663 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARON OF FULWOOD 400 S DIXIE HWY UNIT 2 HALLANDALE, FL 33009 | | 7. Name and Address of New Registered Agent Name BARON OF FULWOOD Street Address (P.O. Box Number is Not Acceptable) 1955 NE 208 TERRACE City MIAMI FL Zip Code 33179 | |
| 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>Baron of Fulwood</u> <u>00105RB</u> 03/21/05 <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 | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARON OF FULWOOD 400 S DIXIE HWY UNIT 2 HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST BARONESS OF FULWOOD 400 S DIXIE HWY UNIT 2 HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>Baroness of Fulwood</u> <u>03/21/05</u> <u>3052440066</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |