2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

04-08-2005 90034 007 ****61.25

DOCUMENT # N04000005921

1. Entity Name
VIGODSKY FAMILY CHARITABLE FOUNDATION, INC.



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Principal Place of Business 121 PALAFOX PLACE SUITE D PENSACOLA, FL 32502		Mailing Address 121 PALAFOX PLACE SUITE D PENSACOLA, FL 32502			20027944					
2. Principal Place of Business		3. Meiling Address RO Dow 12836								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312005 Chg-NP CR2E037 (10/03)					
City & State		PENSALOVA FL		4. FEI Number 20-155	59236	5		plied For Applicable		
Zip	Country ()	32591	Count	itry SA	5. Certificate of SI	tatus Desired	□ \$8	. 75 Addi Required	itional	
	6. Name and Address of Current R	legistered Agent		Nama	_7Name and Add	Iress of New R	egistered Age	nt		
VIGODSKY, FRED			L	Name .						
	FOX PLACE SUITE D DLA, FL. 32502	Street Address			(P.O. Box Number is Not Acceptable)					
			-	City Pr Zip Code						
9 The shows		the auro of the area of the	ragistarad		rad agent or both in	the State of Ele	r.			
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.										
dis 1960 114										
SIGNATURE Streature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25			mpaign Fin		\$5.00 May Be	м	ake check pa	ayable to)	
		Trust Fund (Contribution	n. 🗆	Added to Fees	Flori	ida Departme	ent of Sta	ate	
10.			Contribution		Added to Fees ADDITIONS/CHANG					
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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 suppliermental 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 truster employeed to execute his 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

850432898

Daytime Phone