

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007703

FILED
Jan 06, 2006
Secretary of State

Entity Name: ROSCOE P. COLETRAIN FUND, INC.

Current Principal Place of Business:

7165 HIGHWAY 17
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

7165 HIGHWAY 17
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 65-1231226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONE, SHERI DR.
7165 HIGHWAY 17
GREEN COVE SPRINGS, FL 32043 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: MORAN, DANA
Address: 1355 MAHAMA BLUFF RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD () Delete
Name: PEERY, HOLLY
Address: 1530 RIVERTRACE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: STD () Delete
Name: CONE, SHERI DR.
Address: 687 CREIGHTON RD.
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: MORAN, MUFFETT
Address: 1355 MAHAMA BLUFF RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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 Chapter 119, 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: SHERI CONE

STD

01/06/2006

Electronic Signature of Signing Officer or Director

Date