2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N04000008888

Entity Name: THE WILLIAM C. EULER, JR. AND THE ANDREW F. OATES, JR., FOUNDATION, INC.

Current Principal Place of Business:

1510 LAIRD STREET
KEY WEST, FL 32040

New Principal Place of Business:

Current Mailing Address:

1510 LAIRD STREET
KEY WEST, FL 32040

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OATES, ANDREW F JR
1510 LAIRD STREET
KEY WEST, FL 32040 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:	DP	( ) Delete
Name:	OATES, ANDREW F JR	
Address:	1510 LAIRD STREET	
City-St-Zip:	KEY WEST, FL 32040	
Title:	DS	( ) Delete
Name:	SHAW, CHARLES	
Address:	2417 SEIDENBERG AVE	
City-St-Zip:	KEY WEST, FL 33040	
Title:	DV	( ) Delete
Name:	GILCHRIST, BRYAN	
Address:	2417 SEIDENBERG AVE	
City-St-Zip:	KEY WEST, FL 33040	
Title:	T	( ) Delete
Name:	OATES, ANDREW F JR	
Address:	1510 LAIRD STREET	
City-St-Zip:	KEY WEST, FL 32040	

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 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: BRYAN GILCHRIST DV 01/10/2005
Electronic Signature of Signing Officer or Director — Date