

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90171 018 \*\*\*\*61.25

<b>DOCUMENT # N04000009327</b> 1. Entity Name <b>KRAUSS-MILLER-LUTZ CHARITABLE TRUST FOUNDATION, INC.</b>						
Principal Place of Business <b>715 NORTH SHERRILL STREET TAMPA FL 33609</b>			Mailing Address <b>715 NORTH SHERRILL STREET TAMPA FL 33609</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number <b>20-1727663</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MOORE, CHARLENE D 13107 HEATA PLACE RIVERVIEW FL 33569</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make Check Payable to Florida Department of State.</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, JOHN E 5404 LEILANI DRIVE ST PETERSBURG BEACH FL 33706		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP John E. Kearney 5404 Leilani Drive St. Petersburg, FL 33706	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRIANNI, ANDREW T 1072 DONBROSE AVE TAMPA FL 33615		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Andrew T. Sirianni 1072 Donbrose Avenue Tampa, FL 33615	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINLANDER, WALTER G 2212 MCKINLEY AVE BAY CITY MI 48708		<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, VIRGINIA R 3307 WEST MARITANA DRIVE ST PETERBURG BEACH FL 33706		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Kim Miller 3311 West Maritana Drive St. Petersburg Beach, FL 33706	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 		<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.						
<b>SIGNATURE:</b> <i>John E. Kearney</i>		John E. Kearney, President		4/13/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		813-289-3180		
Daytime Phone #						